January 2024

Implementation Of A Transition Shock Prevention Workshop To Promote Satisfaction And Confidence Among New To Practice Nurse Practitioners

Denis L. Hawkins
denis.hwkns@gmail.com

Follow this and additional works at: https://elischolar.library.yale.edu/ysndt

Recommended Citation
Hawkins, Denis L., "Implementation Of A Transition Shock Prevention Workshop To Promote Satisfaction And Confidence Among New To Practice Nurse Practitioners" (2024). Yale School of Nursing Digital Theses. 1172.
https://elischolar.library.yale.edu/ysndt/1172

This Open Access Thesis is brought to you for free and open access by the School of Nursing at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale School of Nursing Digital Theses by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.
Implementation of a Transition Shock Prevention Workshop to Promote Satisfaction and Confidence Among New to Practice Nurse Practitioners

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Denis Hawkins

May 6, 2024
This DNP Project is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

David Vlahov, RN, PhD

Date here
This material is protected by Copyright Law (Title 17, US Code). Brief quotations are allowable without special permission, provided that accurate acknowledgement of source is made.

Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part must be granted by the copyright holder.

Signed: ____________

May 6, 2024
Abstract

For decades nurse researchers such as Patricia Benner and Margaret Flinter have focused on the challenges of role transition in nursing (Benner, 2004; Flinter, 2010). Role transition from RN to NP can be a daunting experience. Many new-to-practice nurse practitioners experience a phenomenon known as Transition Shock which is described as disproportionate feelings of anxiety and doubt that can consume personal energy during the initial period of role adjustment (Duchscher, 2009). Literature demonstrates that feelings of transition shock can be influenced by factors such as readiness for learning, unwelcoming environments, and the learning curriculum (Barnes, 2015; Duchscher, 2008; MacClellan, et. al., 2016). This project built on the past work of these nurse researchers to develop a concise workshop to address the phenomenon of transition shock. The aims of this DNP project included the following: to develop a transition shock workshop for new to practice NPs, to implement a workshop in the Fall 2023/Winter 2024 and to evaluate the workshop and make recommendations for scaling and sustainability of the workshop.

Outcomes of this DNP project included new to practice NPs having an improved understanding of the phenomenon of transition shock as well as understanding of skills to navigate the feelings associated with the phenomenon. This workshop has the potential to have a positive effect on the early turnover rate of new to practice nurse practitioners and to reduce associated turnover expenses within the healthcare organizations whose members attended the workshop.
# Table of Contents

Part 1 ................................................................................................................................. 1  
Implementation of a Transition Shock Prevention Workshop to Promote Satisfaction 
and Confidence Among New to Practice Nurse Practitioners ..................................... 1  
Review of Literature ........................................................................................................ 4  
Part 2 .................................................................................................................................... 15  
Methods ............................................................................................................................. 15  
Part 3 .................................................................................................................................... 20  
System, Policy, and Business Implications ..................................................................... 20  
Part 4 .................................................................................................................................... 22  
Results ................................................................................................................................. 22  
Part 5 .................................................................................................................................... 25  
Discussions and Conclusions ......................................................................................... 25  
  Discussions ....................................................................................................................... 25  
  Limitations ......................................................................................................................... 28  
Conclusions ......................................................................................................................... 30  
References .......................................................................................................................... 32
Part 1

Implementation of a Transition Shock Prevention Workshop to Promote Satisfaction and Confidence Among New to Practice Nurse Practitioners

The experience of role transition for the new-to-practice nurse practitioner (NP) can be a daunting experience. The NP journeys from the role of expert registered nurse (RN) to novice NP and then back to the level of expert again. For over 50 years nursing researchers and leaders have focused on the challenges of role transition. In 1974 Kramer explored ‘reality shock’ as the stress experienced by new graduate RNs when the reality of the practice environment did not align with new graduate’s role expectations (Kramer, Brewer, & Maguire, 2013). In the 1980s Benner interpreted Dreyfus’ skills acquisition model to develop the Novice to Expert theory which describes the new nurse’s journey to role expertise (Benner, 2004). In 2006 Flinter developed the ‘Essential Competencies for Nurse Practitioners’ which strengthened transition to practice residencies and fellowships (Flinter, 2010). Duchscher (2009) built on the earlier work of Kramer and determined that during the initial transition period some new-to-practice NPs may experience a phenomenon known as transition shock. ‘Transition Shock’ a phrase coined by (Duchscher, 2009) is a phenomenon encompassing a period of disorientation, confusion, and doubt-ridden chaos which may stymie the new-to-practice NP as they move from the security of the familiar school-bred values to the challenging environment of work-world values and expectations (Fitzpatrick and Gripshover, 2016; and Duchscher, 2009).

Several authors have defined stages, emotions, and themes to validate the phenomenon of transition shock. Nursing researchers and industry leaders have given attention to role transition and preparatory transition programs, yet more research and interventions are needed to deal with the phenomenon of transition shock. This workshop built upon the work of Benner, Dreyfus and Flinter to offer an accessible and concise workshop to enhance role transition.
Problem Statement

This DNP project developed a transition shock workshop to address the phenomenon of transition shock for the new-to-practice NP at a large medical system. The goal of the workshop was to improve role satisfaction and the perceptions of transition shock for the new to practice NPs who are journeying through their first 3 years of practice.

Significance

Turnover and intent to leave the profession.

There is a high rate of intent to leave in the profession for new to practice NPs. A recent descriptive survey of 155 new to practice NPs with less than 2 years of practic demonstrated that 34.5% intended to leave the profession within 6 months to 2 years (Auffermann, et al, 2021). Another recent QI project at the Department of Veterans Affairs Home Based Primary Care program utilized the Anticipated Turnover Scale (ATS) revealed 42.9% of respondents (66.6% of which were less that 2yrs in role) had high intention to leave their role (Hughes, 2018). Additionally, there is global intent to leave the profession throughout nursing. A recent survey of 18,000 nurses by AMN Healthcare revealed that 55% often think about leaving their role and 85% of nurses in hospital setting reported intent to quit within 1 year (Hollowell, 2023).

Operational costs of attrition and turnover of new to practice NPs burdens and strains our health systems. As previously stated, the national turnover rate for NPs within their first 3 years of practice can range from 8-30% with an average attrition expense per health system of $85,000-$250,000 per NP (SullivanCotter.com, 2021; Vizientinc.com,2021). Currently 30,000 NP students graduate per year. Assuming that, at least 8% may turnover, this would yield an overall national expense of at least $204 million over a three-year period (Cappiello and Boardman, 2022; Morgan, et al, 2020; SullivanCotter.com; Urbanowicz, 2019; Vizientinc.com). Additionally, reduction in productivity cost must be included when evaluating the costs of attrition for new to practice NPs. Reduction in productivity costs may be as high as $40,000 as
the new NP works their way up to full productivity. Investing in transition to practice training could yield overall savings for hospitals and health systems.

Turnover is a portentous sign that our transition to role pathway needs more supportive and creative interventions. A broader approach is needed to deal with the issue of transition-to-practice and the phenomenon of transition shock. Previous studies have examined contributors to transition shock. These include inadequate support, unrealistic expectations, unwelcoming and bullying behaviors and work-life imbalances (Chen, et al, 2021).

Target Group

NPs within their first 3 years of practice experience a high intent to leave the profession as well as high turnover (Hughes, 2018, SullivanCotter.com, 2021; VizientInc.com, 2021). The State of Connecticut requires new to practice NPs to have a formal collaborative agreement with a physician for their first 3 years of practice (AANP, 2023, CT.gov, 2023). Although this requirement for formal collaboration during the first 3 years of practice is not supported by evidence it does establish a formal period of support for the new graduate NPs within the State of Connecticut (CTAPRNS, 2023). Therefore, since there is high intent to leave the profession, high rate of turnover and the state requires collaboration within the first 3 years of practice, the target group included NPs within their first 3 years of practice from graduation.
Review of Literature

Search Strategy

A search was conducted using the following engines: Ovid, Scopus, and Google Scholar. The following terms were used: transition shock, transition to practice, learning models, and readiness for learning. Inclusion criteria articles addressing themes of transition for both the RN and NP role were included to mine broad themes of transition, articles published after 2004 as interest in the experience of transition shock and transition to practice expanded after this time (Moran and Nairn, 2018). This initial search yielded 665 articles. A subsequent snowball search yielded 15 articles for a total of 680 articles. The theme transition shock was paired with transition to practice. Following removal of duplicate articles, 340 articles remained. After title and abstract review 78 articles remained for full-text review. A total of 34 full-text articles remained after full text review and were included in the literature review.

Synthesis of the literature

Study designs included 1 descriptive quantitative study, 3 qualitative syntheses, 2 descriptive qualitative studies, 1 nonexperimental survey, 2 descriptive cross-sectional surveys and 1 mixed-method study. Levels of Evidence ranged from level 1 to level 3 on The Oxford Center for Evidence-Based Medicine scale (Oxford CEBM, 2011). Of the core studies, 10 were qualitative descriptive studies with relatively small sample sizes. Several studies utilized quantitative measures including transition shock scales. These scales stratified the level of transition shock experienced. There is consensus in the literature regarding definition, themes, attributes, as well as the need for programs to support new to practice NPs in their role transition. The phenomenon and pitfalls of transition shock have been delineated. The availability and accessibility of transition to practice residencies and fellowships leaves a gap in support for most new graduates of NP programs. Specific themes mined from the literature
include transition shock as a phenomenon validated by research, readiness for role as a factor affecting transition success, imposter syndrome stymies transition to new role, a supportive and welcoming environment fosters success in transition, attrition and turnover is financially burdensome, and the overall scarcity of transition-to-practice programs demonstrates the strong need for the development of a compact transition shock workshop. The literature concluded that turnover of new-to-practice NPs is costly and inefficient. In response, some health systems have developed transition fellowships and residency programs. However, these programs are scarce and carry significant operational expenses. These themes guided the overall framework of the literature review.

In general, these studies validated the phenomenon of transition shock. Yet more studies and interventions are needed to determine which actions are most successful in dealing with the phenomenon of transition shock.

**Literature Findings**

**Global Impact of NP Turnover and Health Systems Response**

The demand and need for nurse practitioners are growing at a rapid pace. The U.S. Bureau of Labor Statistics projects that the overall employment of all advanced practice nurses is estimated to grow by 45% between 2020 and 2030 (U.S. Bureau of Labor, 2022). U.S. News and World Reports ranks the profession of nurse practitioner as #1 in best health care jobs (US News and World Reports Best Jobs, 2021). Despite this growth, retention of NPs remains a challenge. A recent study by Hagan and Curtis, (2018) surveyed 1983 NPs by email and of the 295 respondents 39% reported they intend to leave their current position within a year. According to the 2022 NSI National Health Care Retention & RN Staffing Report which evaluated 272 facilities the turnover rate for NPs in 2021 was 15.3%. This was a significant increase from the rate of 8.9% in 2020 (NSI Nursing solutions, 2022). This likely reflects the context of practice during a pandemic episode. The demands of the pandemic have led many to
reevaluate their role. A recent McKinsey survey revealed 30% of all nurses are considering leaving within the coming year (Baboolall and Berlin, 2022).

_Incredible Health_ reports stressful environments, burnout and pay are considered the leading reasons cited by nurses for intent to vacate their role - a third of which stated they plan to quit in 2022 (Bailey, 2022). According to the PricewaterhouseCoopers’ 2022 Pulse Survey of business leaders only 36% of respondents believe a pre-pandemic staffing level will return (PriceWaterhouse, 2022). Maintaining a sizeable workforce will remain a challenge for healthcare leaders for some time to come. In this new environment leaders must work towards retaining all - including our new-to-practice team members. Increased autonomy and competitive salaries are factors leaders must consider when developing a retention plan (Hagan and Curtis, 2018), but these reasons do not specifically address the issue of transition to practice.

NP turnover is a burdensome expense for our health care systems. Vizient estimates a 30% turnover for advance practice providers within the first 3 years of employment at an estimated expense of $250,000 per advanced practice provider (Vizient, 2021). SullivanCotter estimates the direct turnover costs for advanced practice providers to be between $85,832 and 114,919 (SullivanCotter, 2021). The estimated cost of training per NP is calculated to be $100,000 (Urbanowicz, 2019). SullivanCotter recommends the following approach to evaluate the financial impact of turnover: examining the organizational factors that impact turnover, assessing the related costs and performing an APP turnover cost assessment (Hartsell and Noecker, 2020). In the current workforce environment, it is essential for healthcare leaders to build strong onboarding programs to retain new-to-practice NPs. Every member of the workforce is a precious commodity.

In response to the global nursing turnover and shortage, organizations have devoted greater attention to transition to practice. Margaret Flinter was one of the early pioneers in the
development of transition to practice residencies and fellowships for new-to-practice NPs. Her seminal work which was built on the HRSA’s 2006 ‘Essential Competencies for Nurse Practitioners’ has led to the development of many transition to practice residencies and fellowships including those developed for the Federally Qualified Health Centers (Flinter, 2010; Norwick, 2016). As this initiative grew over the previous decade, transition to practice became a major focus in nursing. The Institute of Medicine, the Association of Post Graduate APRN Programs, the National Nurse Practitioner Residency and Fellowship Training Consortium in tandem with the American Nurses Credentialing Center and the American Association of Nurse Practitioners endorse, develop, and standardize transition to practice programs (Norwick, 2016; Urbanowicz, 2019). As of 2019 the Magnet Application Manual requires organizations to focus on transition to practice including utilization of an accredited transition to practice program for various levels of nursing (Cosme, et al, 2018). Transition to practice residency and fellowships are now considered the gold standard and ANCC provides accreditation for APRN transition to practice programs. ANCC is recognized as an entity of high-quality apprenticeship programs that meet the Department of Labor standards for Industry-Recognized Apprenticeship Programs (IRAPs) (Nursingworld.org, 2022). Vizient has partnered with AACN to develop accredited residency programs for nursing (Vizient, 2021). Conversely, the 2019 Nurse Practitioner Roundtable Position on Post-Licensure Clinical Training reaffirmed their previous position that graduates of accredited programs are fully prepared to provide safe care and that no additional or supplemental training is warranted (AANP.org, 2019). Additionally, the National Academy of Medicine (formerly the IOM) no longer includes participation in nurse residency programs in their Future of Nursing 2020-2030 recommendations (National Academy of Medicine, 2021).

Many transition to practice residencies and fellowship programs have been developed by educational systems and healthcare organizations to support role transition. However, these programs often require significant time and financial investments. Participants of transition
residencies and fellowships practice at a reduced salary which ranges from $50,000 to $98,000/year (Keston and El-Banna, 2021). The typical length of a program is 12 months. Currently, 30,000 NPs graduate annually yet there are fewer than 200 transition to practice programs available nationally. Since 2007 fewer than 500 APRNs have participated in transition to practice residencies and fellowships (Cappiello and Boardman, 2022). The scarcity of transition to practice residencies and fellowships further demonstrated the need for a streamlined program with greater accessibility, utility, and purpose to address the phenomenon of transition shock and to better prepare the new to practice NP for role transition. Again, there is a large resource gap. Therefore, development of more efficient and cost-effective transition to practice preparation programs and workshops providing education and support are warranted (Duchscher, 2009; Fitzpatrick and Gripshover, 2016; Proronsky, 2013).

Transition Shock and Transition to Practice

The transition to practice journey for the novice NP can be a taxing experience. Several decades of research has identified that the transition experience of moving from the role of expert RN while taking a step backward in expertise to the role of inexperienced novice NP can lead to feelings of anxiety, doubt, chaos, emotional turmoil, disillusionment, frustration, job dissatisfaction and intent to vacate the role (Barnes, Faraz-Cavelli, and Rubright, 2021; Barnes, 2015; Duchscher, 2008; Poronsky, 2013; Urbanowicz, 2019). It is important to understand these pitfalls to develop a stronger pathway for role transition. The lack of access to transition residencies and fellowships demonstrates the need for a more accessible compact workshop to focus on strategies to deal with transition shock.

In 2009 Duchscher coined the phrase ‘transition shock’ and performed a retrospective qualitative study which employed a grounded theory approach. The study followed 15 newly graduated nurses over 18 months. The study concluded that transition shock may be considered the most immediate, acute, and dramatic stage in the process of professional role
adaptation and includes elements of transition theory, reality shock, cultural and acculturation shock, as well as theory related to professional role adaption, growth, and development, and change theory (Duchscher, 2008). The study validated the phenomenon and experience of transition shock. As the transition shock workshop developed it was important to quantify factors and strategies to blunt transition shock. This study was a precursor for further studies of transition shock.

Several integrative reviews of research articles evaluating new graduate transition programs identified several themes that are necessary to include in curricula (Hampton, Smeltzer, and Gunberg-Ross, 2021; Rush, et al, 2019). These themes included: evidence-based program design, including components to develop confidence and competence, preceptorship and support, socialization, professional growth, reflections, and transition shock. Upon review many graduate nurses expressed desire for more hands-on participation in skill acquisition and overall support and more access to transition to practice programs was also noted (Hampton, Smeltzer, and Gunberg-Ross, 2021; Rush, et al, 2019). These studies employed a strong integrative review approach.

Another qualitative review by Barnes (2015), described the following stages in transition: straddling two identities, mixed emotions, absorption of the role, and shift from provider of care to prescriber of care. These qualitative themes of support and socialization should be included in the framework of a transition to practice workshop (Barnes, 2015). Themes revealed in this study validated the phenomenon of transition shock.

A qualitative evidence synthesis of 11 articles by (Moran and Nairn, 2018) also evaluated role transition. Six themes were found: experience of change in work environment, orientation to role, environment, colleagues and culture, appropriate mentorship, supported development of clinical skills, clinical supervision, and appropriate level of education at the master’s level. The authors further concluded that attention to these themes fostered success
in role transition and may be a useful guide in the development of orientation and education programs. It was determined that failure to address these themes leads to prolonged transition periods, failure to reach professional goals and resignation (Moran and Nairn, 2018). A strength of this study was that it employed a qualitative appraisal tool developed by (Walsh and Downe, 2006) to validate the framework of the study. This study is significant as it draws a link between interventions addressing transition shock and successful role progression.

A synthesis review by Yeager (2010) concluded that providing a structured environment can lay the foundation for mental preparation for NPs as they transition into their new role. Yeager proposed that attention to the following points will allow transitioning NPs to avoid pitfalls of transition. These include active participation in the development of the orientation plan, praise and reinforcement from preceptors, preparation, perseverance, communication, and flexibility throughout the transition process (Yeager, 2010). This study provided insight into imposter syndrome and the utilization of skills acquisition models as a framework which can be utilized in designing the curriculum for the transition to practice workshop.

A cross sectional study of 393 newly graduated nurses in Sichuan province in China utilized a transition shock scale comprised of 33 items covering the domains of physical shock, psychological shock, shock from knowledge and skills, and shock from organizational culture. This study revealed that transition shock, empathy, resilience, and adaptive and passive coping were significant predictors for burnout with transition shock being the strongest contributor for burnout (B=. 430, p <.001) (Cao and Gong, 2021). This was a strong study which utilized a large sample size and supportive objective data through utilization of a transition shock scale with a Cronbach’s alpha of 0.81-.89. This study provided the strongest level of scientific evidence to explore the relationship between transition shock and role transition success. The study has great significance for the development of programs to address transition shock.
Organizations must build frameworks for transition to practice programs with a design for success. A descriptive qualitative study in which 13 administrators and designers of advanced practice onboarding programs for NPs and PAs were interviewed (Morgan, et al, 2020). Five themes emerged as essential tenets of transition programs: goals of onboarding, critical organization factors, organizational fit, and design of program and cost of onboarding. This viewpoint is essential for leaders who develop orientation and transition programs.

Imposter Syndrome

Imposter syndrome is a phenomenon unique from transition shock that can also undermine the success of role transition. Returning to the uncomfortable phase of novice, the new NP may experience the imposter syndrome phenomenon. “Imposter syndrome” was first described by Clance and Imes in 1978 and refers to the phenomenon of self-doubt and intellectual fraudulency a newcomer may experience as they enter a new role (Clance and Imes,1978; Yeager, 2010). A descriptive study of 27 NPs in their first 2 years of practice revealed themes of the imposter syndrome with one participant stating, “I felt like I knew a lot, on my first day I was like oh man, do I know anything?” (Cappiello and Boardman, 2022, P. 35).

A 1-day workshop addressing the impact of the imposter syndrome of Clinical Nurse Specialists was executed utilizing the Clance Imposter Phenomenon Scale (CIPS) to identify feelings of inadequacy (Haney, Burkolz and Rutlidge, 2018). This imposter syndrome workshop focused on the following tenets: putting a name to the feelings of imposter syndrome, talking to mentors, remember what you do well, realize no one is perfect, change your thinking, keep learning, and just do it (Haney, Burkolz and Rutlidge, 2018).

Readiness for Learning

Readiness for role is vital. Literature reveals that there is a theory-practice gap which may lead to a lack of readiness for professional role (Rush, et al, 2019). Personal attributes of negotiation, resilience, tenacity, fortitude, coping strategies and determination contribute to the
success of transition for the new to practice NP (Cao & Gong, 2021; Maclellan, Levitt-Jones & Higgins, 2016). The self-perception of lack of readiness may add to the stress of transitioning. A cross-sectional descriptive study of 562 participants utilizing a questionnaire to rate perceived level of preparedness when completing an NP program revealed that only 10% felt well prepared and 51% felt moderately prepared for their new role (Hart and Macnee, 2007). Additionally, this survey found that years of experience and age at entry to the profession did not alter the perception of lack of preparation. Rich (2005) also examined the relationship between RN experience and level of clinical skill and found no significant relationship between years of RN experience and successful transition to the NP role. Awareness of perception, preparation, and readiness of the new-to-practice NP must be addressed in the development of a transition to practice workshop. These studies are significant in that they validate that transition shock may be experienced. Academic institutions and health organizations should educate NP students regarding awareness of the transition experience and arrange for intervention programs to guide nurses in their role transition (Kim and Yeo, 2021; Mooney, 2006; Poronsky, 2013). As previously stated, these programs have great merit yet there is a need for a more accessible approach to deal with transition shock.

Welcoming Environment

Employment continuity and the decision to remain in the profession can be affected when role development is undermined by an environment ill prepared for the new to practice NP (Barnes, 2015; Duchscher, 2008). Maclellan and colleagues completed a qualitative study regarding the transition experience of 10 new to practice nurse practitioners in Australia. This study revealed that unrealistic workplace expectations and minimal support negatively affected the transition experience (MacLellan, et. al, 2016). Similarly, a study of newly graduated nurses in Ireland which employed a grounded theory approach determined that participants felt the expectations of the entire care team; leaders, physicians and nurses were high and often
unreasonable (Mooney, 2007). Conversely, a descriptive study of new to practice rural NPs utilizing mixed methodology of survey and interview revealed a major theme of connectedness and support between the program, preceptor, and the welcoming community as a factor in successful role transition (Kaplan, Pollack, and Skillman, 2020).

Unfortunately, incivility in the nursing workplace remains a factor for transition success. During role transition bullying may undermine confidence and hinder successful development of competency and skill (Rush, et al, 2014). A comprehensive mixed-methods systematic review determined not only that there is widespread presence of workplace violence and bullying towards new graduate nurses but that pre-transition education and simulation addressing workplace violence were beneficial to graduate RNs transition to practice (Khadija, H.A.A., Hallett, N., & Bradbury-Jones, C. 202). One South Florida organization developed a cognitive rehearsal strategy which arms participants of their nurse residency program with prescriptive conversation tools to respond to incivility, negative interactions, as well as varying levels of bullying (Craft, Schivinski & Wright, 2019). Strategies to address micro-aggression, incivility and bullying were incorporated into the transition shock workshop.

The theme of environmental readiness for welcoming new to practice NPs was further highlighted during the recent COVID-19 pandemic. A descriptive study by Cappiello and Boardman (2022) involving interviews of 35 NPs revealed that the dynamics of the COVID-19 pandemic including schedule changes, compression of patient visits and the addition of telehealth services stressed the onboarding environment. Additionally, the pandemic accelerated the onboarding process and posed unique challenging and hurdles in the experience of transition to practice (Cappiello and Boardman, 2022). The receiving team and the onboarding NPs should negotiate and advocate for the protected time and proper orientation (Duchscher, 2008; Yeager, 2010). A successful transition shock program should arm transitioning NPs with skills to negotiate for a clear and protected orientation period.
Program Development

Urbanowicz (2019) postulates the following steps to be essential in the development of a transition to practice program. First, understand and analyze the financial investment of the program vs the costs of turnover and attrition. Second, employ focus groups with newly graduated APRNs, healthcare leaders, physicians, and academic faculty to build the program framework. Lastly, develop a timeframe for the program as well as goals for outcomes such as 1-year retention and role satisfaction (Urbanowicz, 2019).

The concept of transition to practice has been studied and evaluated over the past three decades. There is consensus in the literature regarding definition, themes, attributes, as well as the need for programs to support new to practice NPs in their role transition. The phenomenon and pitfalls of transition shock have been delineated. The availability and accessibility of transition to practice residencies and fellowships leaves a gap in support for most new graduates of NP programs. A compact and succinct workshop addressing the phenomenon of transition shock was designed and executed to offer greater access, utility, and guidance to a larger cohort.
Part 2
Methods

Overview of Methods
This DNP project developed a transition shock workshop to address the phenomenon of transition shock for the new-to-practice NP at a large medical system. The participants included new-to-practice NPs from several large health systems in the northeast. The workshop was executed in the Fall of 2023 and Winter 2024 via online sessions.

Goal and Aims of the Project:
This DNP project developed a transition shock workshop to address the phenomenon of transition shock for the new to practice NP at a large medical system.

The aims of the program were as follows:

1. To develop a transition shock workshop for new to practice NPs.

2. To implement and evaluate the workshop.

3. To make recommendations for scaling and sustainability of the workshop.

Aims and Associated Methods
Aim 1. To develop a transition shock workshop for the new-to-practice NPs at a large medical system(s).

Development

Curriculum Development for the Transition Shock Workshop:

- The Project Manager developed the curriculum based on 6 themes mined from the review of literature.
One module per theme was developed. The workshop was broken down into 6 distinct modules.

- Understanding the phenomenon of transition shock.
- Imposter syndrome.
- Readiness for learning.
- Environmental assessment.
- Self-awareness.
- Active learning.

- Case scenarios were developed to emphasize transition shock.
  - One scenario demonstrated how the transition to practice NP successfully recognized the phenomenon of transition shock and utilized the identified themes to further their progression successfully.
  - Another scenario demonstrated a case when the NP did not recognize transition shock and there were opportunities to better handle the situation based on theme.

- The DNP Project Manager developed the course materials:
  - Power Point – A power point was developed by the Project Manager to guide the presentation and discussion of each topic.

Transition Shock Workshop Planning:

- The Project Manager developed the workshop.
- The workshop was planned to be executed as virtual sessions in the Fall of 2023 and Winter of 2024.
- Sessions to be repeated until goal cohort of 20 NPs achieved.
Participation Identification:

- Participants included new-to-practice NPs who onboard at a large health system in the Northeast US region.
- Participants were solicited through professional networking with other APP leaders.
- There were 20 participants in total, each participant was assigned a number from 1 to 20.
- Attendance for the workshop was voluntary.
- The invite included a QR RSVP which was sent directly to the Project Manager for the workshop.

Development of Pre and Post Surveys/Assessments:

Two evaluations were developed.

- Evaluation of Participant’s Confidence Regarding Transition to Practice: The first was a pre-post evaluation of participant’s confidence regarding transition to practice. The framework of this survey was based on Bandura’s Guide for Constructing Self-Efficacy Scales (Bandura, 2006). This is in alignment with the project goals as Bandura’s framework determines the respondents comfort level in skill advancement. Participants rated their level of confidence on a scale of 0 to 100.
- The survey consisted of 7 items scored from 0 to 100 and with a maximum total score of 700 for each participant.
- As the sessions were virtual the confidence surveys were administered online by the Project Manager immediately pre and post workshop.
A program evaluation survey was also developed. This survey consisted of 5 Likert scale items and one open ended question to ascertain participant’s perception of the value of the workshop and ways to improve it.

The program evaluation was administered virtually at the end of the workshop.

Aim 2. To implement and evaluate the workshop.

Implementation

Implementation of workshop

The first workshop was offered virtually on October 4, 2023.

Additional workshops were executed until a cohort of 20 participants was achieved.

The workshop consisted of 6 modules.

Course Materials:

- Pre and Post Self-confidence survey: this survey was developed using Bandura’s Guide for Constructing Self-Efficacy Scales (Bandura, 2006) as a guide. Participants rated their level of confidence regarding understanding of transition shock and confidence in role transition.

- Presentation powerpoint was developed and was utilized repeatedly for each of the workshops.

- All course materials were presented online virtually to the participants by the Project Manager.

The Project Manager led the workshop.

Administration of evaluations

At the beginning of the workshop the Project Manager administered the self-confidence survey to the participants virtually.
o Immediately following the workshop, the participants completed the same confidence survey.

o Both surveys had numeric identifiers for participants. Since there were 20 participants, the surveys were numbered 1 through 20.

o The surveys and all the materials are stored on the Project Manager’s personal computer.

Evaluation

Descriptive and bivariate statistics were used to evaluate outcomes.

o A paired t-test was performed to compare results from the pre and post self-confidence surveys.

o A Wilcoxon rank sum test was also performed to evaluate the surveys.

o The program evaluation was evaluated descriptively.

Aim 3. To make recommendations for scaling and sustainability of the workshop:

Sustainability

The findings of this project were evaluated. Recommendations for sustainability include:

• Incorporate the training into the standard ongoing orientation session at any host organization.

• Package the training into an online workshop that can be viewed independently.

Scaling

• Expand the workshop to other disciplines/programs within an organization.

• Develop a recorded video of the workshop for distribution.
Part 3
System, Policy, and Business Implications

Business Case and Leadership Engagement

The goal of this DNP project was to develop a workshop for new-to-practice nurse practitioners to address the phenomenon of transition shock as they enter their new role. The project was developed and executed by the DNP student/Project Manager virtually for new to practice NPs at a large health systems throughout the Northeast, US region. 8 NPs participants were practicing at leading health system throughout Connecticut and Rhode Island. An Executive Summary demonstrating the return on investment of improved retention and improved role satisfaction for the new to practice NP was presented to the Director of Advanced Practice and APP Manager stakeholders within the organization. Project materials and operations was presented to an expert panel comprised of 3 nursing leaders. These include a Director for the Center of Advanced Practice at major health system in New York, Director of the Adult Geriatric Nurse Practitioner Program at a major academic institution in New York and an APP Manager at a major health system in Connecticut. They were asked to review the core components of the workshop and the curriculum.

This project is an exemplar of visionary leadership as this project seeks to understand complex human responses to role transition and adaptive measures essential to creating transformational change (Porter-O’Grady, 2020).

DNP Project Budget and Return on Investment

The project was developed and executed by the DNP student/Project Manager virtually and included participants from a major health system in the northeast. One of these organizations is a leading health system throughout Connecticut and Rhode Island is a growing
entity with over 28,000 employees and an annual net revenue of more than $5.6 billion. Direct costs included allocations for course materials, catering and the labor and salary expenses of the project manager and participants. These total initial non-IT costs of $8900. These costs were forecasted to increase by 4-5% per year for a total non-IT cost of $10,737 by year 5. Indirect benefits included reduction in average turnover expense and increased time to productivity for the new NP. The initial savings in turnover reduction is $84,000 and is predicted to increase by the fifth year to a savings of $424,000. Another indirect benefit is reduced time to full productivity for the new to practice NP. This is predicted to yield an initial savings of $4200 which increases to $21,000 by the fifth year. Direct long-term benefits are not initially recognized in the ROI. However, the project does predict significant increases from year 2 to 5 with a predicted yield of direct benefits of $49,018 by year 5. Also, total cumulative benefits payback of $1,076,800 is also predicted in the fifth year. The payback timing for direct and all benefits was 2.4 months as compared to $8900 cost, for a return on investment of 1550%. Clearly the potential costs savings in turnover expense strengthen the need for this workshop.
Part 4

Results

Data Reports

A total of 20 new to practice NPs within their first 3 years of practice participated in the transition shock workshop. Of the 20 participants, 18 had less than 6 months of experience, 2 had less than 2 years of practice. A Pre and Post survey was administered to evaluate the change in confidence level pertaining to participant’s knowledge of transition shock and participant’s confidence in role transition. A Wilcoxon rank sum and paired t-tests were performed to evaluate pre and post workshop confidence levels of the participants regarding transition to practice.

Pre/Post survey analysis

The data recounts 20 participants taking 2 identical tests, each with 7 questions. For each participant, total score was calculated by summing the scores from each question. Scores for each question ranged from 0 to 100. Therefore, the minimum possible value of the total score was 0 and the maximum possible value was 700. All p values were adjusted for multiple comparisons using the Bonferroni method.

The composite score of all survey questions was evaluated. The composite change in score was calculated by subtracting the Pre score from the Post workshop survey score.

Statistical Analysis

A two-tailed paired t test was conducted to formally test the change in total score Pre to Post test. Participants were found to have a composite average of 298
points higher on the Post survey vs Pre survey (95% CI: 225.7 to 370.3 points). The collected review of all survey questions was found to be statistically significant (t=8.62, p< 0.001, p. adj < 0.001). The composite mean (SD) of total scores revealed a Pre mean (SD) score of 292.5 (145.5) and a Post mean (SD) score of 590.5 (83.6).

For question 1 “I am familiar with the phenomenon of transition shock” participants had a 74.5-point increase pre to post survey. The results were statistically significant with a p value of < 0.001. Question 2 “I understand how transition shock can influence role progression” had a 64-point increase pre to post survey. This was also found to be a statistically significant increase with a p value of 0.001. Question 3 “I am certain I will transition to practice successfully” had a 16-point increase pre to post survey. This result was found to not be a statistically significant increase as the p value was 0.026. Question 4 “I can perform the necessary skills for transition to practice” had a 19.5-point increase pre to post survey. This was also not a statistically significant increase pre to post with a p value of 0.009. Q5 “I have the knowledge needed to transition to practice” had a 33.5-point increase pre to post and was determined to be statistically significant with a p value of 0.001. For Q6 “I understand how transition shock can hinder role progression” had a 56-point increase with a p value of 0.001. Lastly, Q7 “I have the skills to work through transition shock” revealed a 34.5 point increase pre to post and was also statistically significant with a p value of 0.001.

Program Evaluation

A program evaluation of the course content was administered. The data consisted of 20 sets of answers to 5 Likert style questions and one open ended question. The
ratings included: Strongly Agree, Agree, Neither Agree or Disagree, or Strongly Disagree. The 5 Likert style questions were 1) The content was relevant to my practice 2) The program defines the phenomenon of transition shock 3) The program provides meaningful strategies to deal with transition shock 4) The course materials were relevant to the topic 5) I would recommend this workshop to other new to practice NPs. For question 1) The content was relevant to my practice: 17 responded strongly agree, 2 agree and 1 strongly disagree. For question 2) The program defines the phenomenon of transition shock: 17 responded strongly agree, 2 responded agree and 1 responded strongly disagree. For question 3) The program provides meaningful strategies to deal with transition shock: 15 responded strongly agree, 5 responded agree. For question 4) The course materials were relevant to the topic: 18 responded strongly agree, 1 responded agree and 1 responded neither agree nor disagree. For question 5) I would recommend this workshop to other new to practice NPs: 14 responded strongly agree and 6 responded agree.

The responses to the one open ended question, ‘what could be done to improve this workshop?’ revealed that two of the participants stated that more case studies would be helpful, one participant suggested including testimony from a new to practice NP who had experienced the phenomenon, one participant suggested to include more tips and take-a-ways on how to combat transition shock and one suggested more interaction would be helpful. Five participants indicated that no modifications were needed by responding “nothing” or “nothing it was great”. Ten participants left this question blank.
Discussions and Conclusions

Discussions

Major Findings

The phenomenon of Transition Shock is a major impedance that can challenge successful role transition of the new to practice NP (Duchscher, 2009, Cao, Li, & Gong, 2021). This DNP project involved a workshop to familiarize new to practice NPs on the phenomenon of transition shock and to provide strategies for successful role transition. The major findings included overall statistically significant improvement regarding participants’ confidence in their knowledge of transition shock, how the phenomenon can influence role progression and having tangible skills to work through transition shock. This is important as orienting and cultivating a basic understanding of the phenomenon and factors that can stymie progress through transition can prepare the new to practice NP for role transition and minimize the pitfalls of transition shock.

While participants’ improved confidence in their understanding of the concept of transition shock and skills to navigate it improved, their sense of certainty about a successful transition to use the necessary skills for a successful transition to practice while improved but in a lesser statistically significant way. We can speculate that precursors and personal factors outside the context of this workshop could have contributed to this response. These could include actual or perceived learnings from their NP education program, understanding of the skills required to practice as an NP and their individual behavioral strengths. Further exploration of the difference between knowledge and self-efficacy will be needed to prepare and improve iteration for future workshops.
Question 1 “I am familiar with the phenomenon of transition shock” had the highest increase in score. The 74.5-point increase pre to post was statistically significant. This demonstrates that the workshop clearly defined the phenomenon of transition shock and strengthened the participant’s confidence in their knowledge of the phenomenon. This is important and understanding the phenomenon can set the new to practice NP up for successful transition.

The results for question 2 “I understand how transition shock can influence role progression” also had a statistically significant 64-point increase change in score. This result further validates the strength of the curriculum as the participant’s confidence in understanding of how the transition shock phenomenon can influence role progression is significant to their successful transition.

The change in score for question 3 “I am certain I will transition to practice successfully” did not demonstrate a statistically significant increase. It should be noted that the pre mean (SD) 58(28.4) was moderately high. Participants entered the workshop with a moderately level of confidence level in their own certainty of successful transition. A recent cross-sectional descriptive study of 562 participants completing an NP program had similar results as it revealed that only 10% felt well prepared and 51% felt moderately prepared for their new role (Hart and Macnee, 2007). The post score demonstrates a minor increase. Perhaps a post mean (SD) confidence score > 74 is beyond the limits of one workshop and that the curriculum is a component of a broader transition strategy.

Although the score change for question 4 “I can perform the necessary skills for transition to practice” was not statistically significant, the pre score was moderately high.
A nearly 20-point increase in confidence score may still validate that the curriculum improved participant’s confidence in having the necessary skills to transition successfully.

For question 5 “I have the knowledge needed to transition to practice”, the average change in score was 33.5 points and was statistically significant. This also validates that the curriculum provided knowledge to improve participant’s confidence in transition to practice. Participants had a moderate pre workshop score in confidence in their knowledge. Yet the increase in score regarding having the knowledge needed to transition was still significant post workshop.

Question 6 “I understand how transition shock can hinder role progression”, had a statistically significant 56-point improvement pre to post. This again validates that the curriculum of the workshop teaches participants how transition shock can stymie role progression. This supported the overall goal and supports the need for the workshop.

Lastly question 7 “I have the tangible skills to work through transition shock”. had a statistically significant improvement with an increase in 34.5 points pre to post workshop. This question relates to the overall goal of the workshop which is to arm participants with tangible skills to ameliorate and overcome transition shock.

These results suggest that a concise workshop addressing the phenomenon of transition shock can improve confidence and lead to a successful transition to practice for the new NP. With an estimated 30% turnover for advance practice providers within the first 3 years of employment and associated turnover costs of $250,000 per advanced practice provider (Vizient, 2021), this workshop will has the potential to
improve successful rates of transition to practice, improved retention and lower costs for organizations.

Comparative Review

Comparative literature regarding programs to address the phenomenon of transition shock are sparse. However, a recent descriptive cross-sectional study of 215 newly graduated nurses in China explored the relationship between transition shock, preceptor support and competency. This study found preceptor relationship and transition shock can influence role success (Chen, et al, 2021). Another study evaluating 59 newly graduated RNs determined that programs in which preceptors had formal training including the concept of transition shock led to greater competence and retention in role (Clipper and Cherry, 2015). Continued focus on the phenomenon of transition shock and the development of programs to address the effects of the phenomenon will strengthen the success of transition to practice.

Limitations

A major limitation was the solicitation of participants to achieve the desired cohort of 20 participants. The workshop was originally planned to be executed at one major health institution in Connecticut only. However, as the number of participants for the original session was limited, several additional virtual sessions were required. This required soliciting new to practice NPs from other institutions.

The sample size was limited where the minimal goal of 20 participants was achieved. Due to the small sample size, we included analysis by Wilcoxon rank sum tests for item analysis. The Wilcoxon rank sum test identified 2 questions that did not yield a statistically significant increase in confidence post workshop. Since the direction
of results from pre-to post-test were positive, a larger sample would have revealed different results. Continued execution of the workshop and collection of additional data may strengthen the power of the results.

Anonymity of participants is another consideration. Although there were advantages to the anonymity of the participants, this also limited the evaluation of the responses. Participant # 3 had moderate increases to all survey questions and had a lower post score on confidence level on question 2 “I understand how transition shock can influence role progression”. Participant 3 answered Strongly Agree to all program evaluation questions and answered “nothing really” to the open-ended question asking what could improve the program. Due to anonymity, we cannot evaluate if time in practice was a factor for these responses. Participant 16 answered ‘strongly disagree’ to question 1 the content was relevant to my practice and responded ‘strongly disagree’ to the question the program defines the phenomenon of transition shock. Yet this participant answered agree to the workshop providing meaningful strategies and agree to recommending this workshop to others. We cannot determine if this was an error in rating response.

It would have been interesting to correlate time in practice to these responses as well. The confidence level may have decreased due to gaining new knowledge during the workshop regarding the pitfalls of transition to practice rather than time in practice. This exposure and education regarding the phenomenon of transition shock may have heightened the anxiety and lowered the participant’s confidence that they will transition successfully.
One workshop session may not be sufficient to achieve statistically significant increases in confidence of transition and further work is needed to see the practical results of an improved retention rate. Also, this program was separate from other orientation activities, and it is worth examining the impact if such a program if it were to be incorporated into a global orientation program within an organization.

Future Iterations/Sustainability/Scalability

The participants offered several suggestions in response to the open-ended question ‘What could be done to improve this workshop’? Based on these suggestions, modifications to future iterations of the workshop will be developed. These include consideration for more interaction, more case studies, testimony from NPs who have experienced the phenomenon and more take-a-ways and tips to address transition shock. A Frequently Asked Question section can also be added to the workshop.

Future sessions of the workshop would remain virtual, the DNP project manager may consider recording a finalized version for sale and distribution. This would allow for broad scalability.

Conclusions

Turnover is a portentous sign that our pathway for transition to practice needs more supportive and creative interventions. A broader approach is needed to deal with the issue of transition-to-practice and the phenomenon of transition shock. Previous studies have examined contributors to transition shock. This concise workshop addressed the phenomenon of transition shock and demonstrated an improved level of confidence for the new to practice NP in their understanding of transition shock and their confidence in successful transition to practice. More work is needed. The overall
improvement in score for all questions demonstrates and authenticates the validity of the curriculum in providing meaningful strategies for the new to practice NP to recognize and overcome the phenomenon of transition shock. This program provides value for the new to practice NP and may be beneficial as either a standalone workshop or a component of a larger orientation program. Enhanced iterations and purposeful scalability of the workshop will strengthen the results and build a successful road to transition for our new to practice NPs.
References


Cappiello, J.D., Boardman, M.B. (2022). The key to successful np transitoin to practice. *Nurse Practitioner, 47*, 33-39. [https://dx.doi.org/10.1097/01.NPR.0000802992.36571.2b](https://dx.doi.org/10.1097/01.NPR.0000802992.36571.2b)


Ctaprns.org (2023). Collaboration for new graduate APRNs. [https://ctaprns.org](https://ctaprns.org)


GraduateNursingedu.org (2021). *Nurse practitioner residency programs and Fellowships featured programs NP Residency Programs & Fellowships* (Graduatenuesingedu.org).


Hollowell, A., (2023) 85% of nurses plan to leave hospital roles 1 year from now: Survey. Twitter. https://beckershospitalreview.com


Morgan, Perri PhD, PA-C; Sanchez, Mara MMS, PA-C; Anglin, Lorraine MHS, PA-C; Rana, Rachel MPH; Butterfield, Rita PhD; Everett, Christine M. PhD, MPH, PA-C Emerging practices in onboarding programs for PAs and NPs, *Journal of the American Academy of Physician Assistants*: March 2020 - Volume 33 - Issue 3 - p 40-46 doi: 10.1097/01.JAA.0000654016.94204.2e


Nursingworld.org (2022). Practice transition accreditation program, Practice Transition Accreditation Program (PTAP) | ANCC (nursingworld.org)


YNHH.org-advanced-practice-providers. (2023). YNHH Advanced Practice Providers. Advanced Practice Providers (ynhhs.org)