



Development of a Nurse Practitioner
Fellowship to Instill Greater Confidence, Job
Satisfaction and Increase Job Retention as
NPs Promptly Transition from Novice to
Expert Clinicians.

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Learner Objective 1:

Identify strategies utilized in a NP fellowship for alignment with best practices to improve role transition.

Learner Objective 2:

Identify three benefits of participating in a nurse practitioner fellowship after graduating from an accredited program.

Purpose

- The Institute of Medicine's *The Future of Nursing* report (2011) recommends the extension of NP fellowship programs to highlight and assess competencies after completion of licensure or an advanced practice degree program.
- The decision to stay in the new role can diminish within the first year of clinical practice if professional growth and confidence is not facilitated.
- The primary goal of this project was to develop an NP fellowship which began November 2018.
- The study evaluated NP satisfaction between NPs who had and who had not completed a fellowship. Evaluations utilized NPs from Emory Health Care, MD Anderson, DNP discussion groups and Show Me Your Stethoscope.

Background and Significance

The Institute of Medicine, State Boards of Nursing, in collaboration with accrediting bodies such as the Joint Commission and the Community Health Accreditation Program, recommend completion of a fellowship program after nurse practitioners have completed a prelicensure or advanced practice degree program, or when they are transitioning into new clinical practice areas.

Background and Significance (Continued)

- Constrained orientation programs and new NP graduates are required to immediately function at complex levels.
- Decreased retention may quickly ensue if NPs are unable to transition to their fast paced work environment .

Financial Impact

- The financial impact of NP turnover results in lost revenue of approximately \$1,500/day or more equating to a minimum loss of \$390,000 per year (NACHC, 2016).
- Additional costs of recruiting, advertising, interviewing/HR cost, relocation, sign-on bonus, and decreased productivity during training can be astounding (MidlevelU, 2016).
- Using the professional level job as a guide, NACHC (2016) predicted employers generally spend 25% of each position salary in turnover costs alone.

Postgraduate training for NPs

- Termed fellowship for NPs and residency for RNs, and is not a requirement for entry into practice (Bush, 2014).
- Annual costs may reach \$100,000 including the NP salary, benefits, lost clinical productivity, revenue of the preceptor, administrative costs, and operating expenses (Bush & Lowery, 2016).
- Some employers onboard NPs at a lower salary during this training period while others view it as service commitment to ensure retention, and full collaboration of practice (Bush & Lowery, 2016).

Background and Significance (Continued)

- New graduate NPs experience increased anxiety the first year of transitioning into practice if they are unable to identify a mentor or additional support (Bush & Lowery, 2016).
- Wallace & Boller (2014) noted expertise requires extensive practice to move from novice to expert, generally 10,000 hours or 5 years for new NPs.

National Association of Community Health Centers (NACHC)

- Noted an annual turnover rate of 13% for NPs
- More than 40% of employee turnover is preventable as it is derived from the employee's perception of his or her work environment (NACHC, 2016).

Theoretical Framework

- Meleis (2010) described transition as a “change in health status, in role relations, in expectations, or in abilities.”
- “Transition required the person to incorporate new knowledge, to alter behavior, and therefore to change the definition of self in social context, of a healthy or ill self, or of internal and external needs, that affected the health status” (Meleis, 2010, p.42).

Setting

- Local hospital with over 508 beds in Southern Indiana. The hospital was in collaboration with a larger health care system allowing national collaboration to stay current on guidelines and medical care.
- The average daily occupancy was 48.73%, with 18,100 admissions per year and 767,602 outpatient visits per year.
- The personnel included one medical director, 5 hospitalists assisting with training, and 2 NPs enrolled in the fellowship program.

Method/Procedures

- Misener Nurse Practitioner Job Satisfaction Scale was utilized to measure AG-ACNP confidence and job satisfaction (Misener, 2001).
- The thought was transition can be facilitated by having NPs participate in an NP fellowship program which would instill greater knowledge, confidence, job satisfaction, and ultimately an expert clinician.
- The objective was to perform the MNPJSS scale with AG-ACNP's who had not completed a fellowship vs. AG-ACNP's living across the US who had completed a fellowship.
- A total of 258 NPs completed surveys, 49 NPs had participated in a fellowship program.

Major Outcomes

The results of the analyses found that individuals who had participated in an NP fellowship had significantly higher scores and obtained statistical significance on:

- Sense of value for “what you do” $t(87.561) = -2.054$, $p < .05$
- Monetary bonuses that are available in addition to salary $t(256) = -2.938$, $p < .01$.
- Compensation for services outside of normal duties $t(256) = -2.433$, $p < .05$.

Independent-Samples t-Tests

<u>Measure</u>	<u>Power</u>	<u>t (df)</u>	<u>Mean Difference</u>	<u>95% CI of the Difference</u>	
				<u>Lower</u>	<u>Upper</u>
Sense of Accomplishment	.214	-1.166 (256)	-.190	-.510	.131
Opportunity for Professional Growth	.341	-1.536 (256)	-.316	-.721	.089
Opportunity to Expand Scope of Practice	.134	-.831 (255)	-.181	-.610	.248
Opportunity for Change In the Office	.079	-.496 (255)	-.112	-.559	.334
Input into Organizational Policy	.304	-1.409 (256)	-.324	-.776	.129
Freedom to Question Decisions	.091	-.582 (256)	-.130	-.569	.309
Ability to Deliver Quality Care	.062	-.403 (256)	-.058	-.341	.225
Recognition from Work Superiors	.051	.126 (256)	.029	-.421	.479
Level of Autonomy	.050	-.025 (256)	-.004	-.323	.315
Flexibility in Practice Protocols	.306	-1.405 (256)	-.268	-.644	.108
Respect for Opinion	.143	-.864 (255)	-.197	-.645	.251
Acceptance and Attitudes Physicians Outside Of Practice	.168	-.958 (255)	-.170	-.521	.180

Fellowship

- 12 months in length
- 2 newly graduated adult-geriatric acute care nurse practitioners (AG-ACNP) rotating through various shifts.
- 40-50 hours per week.
- Didactic component was mirrored from Emory's Critical Care Center NP/PA post graduate residency program.

Didactic Component

- Utilized the Society of Critical Care Medicine adult ICU course, Patient Acute Care Training from the European Society of Intensive Care Medicine as well as Competency Based Training in Intensive Care Medicine of Europe (CoBatrice) .

Limitations

- The number of NPs taking the survey who had not completed a fellowship and who knew the researcher was approximately 30%.
- Answers may have reflected socially desirable responses rather than the individuals' actual feelings or opinions.

Limitations (Continued)

- Skewing may occur based on the fact that one personality type of NP may be more likely to complete and submit the survey than another.
- Statistical significance was not able to be found in all subject fields due to small sample size, $n=49$.

Recommendations

- Future studies incorporating a larger sample size would likely find significant mean differences on the basis of having participated in an NP fellowship.

Recommendations (Continued)

- An NP fellowship is recommended due to the positive trends from the surveys.

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