

Assessment of Military Nurse Practitioner Role Transition: Preliminary Findings

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Background / Purpose

New military nurse practitioners (NPs) must endure bilateral transitions, developing proficiency in two professional roles simultaneously, that of NP and that of military officer. A difficult transition period can impact both confidence and competence of the novice NP; may influence patient safety, job satisfaction and turn over, leading to a reduction in the supply of qualified military NPs in the work force. **The purpose** of this investigation is to explore US military active duty NPs' transition experiences in the military health care setting.

Identification of the Problem

- Air Force, Army, and Navy Nurse Corps each have a transition program with policy/guidance in place.
- An earlier unrelated data collection identified negative perceptions of role transition experienced by practicing NPs.
- Literature regarding civilian NP transition programs is sparse and there is none currently available regarding military transition programs.

Aims / Research Questions

Aim 1: Collect and analyze longitudinal data to determine the transition experience of newly graduated or new to the military NP in the military health care environment.

Research Question 1: How do new military NPs perceive their practice environment during the transition period?

Research Question 2: How do new military NPs perceive the amount of supervision and coaching they receive in their work/practice environment during the transition period?

Research Question 3: To what degree do new military NPs experience stress, anxiety and depression during the transition period?

Research Question 4: What are the relationships between demographic characteristics, work/practice environment, supervision and coaching, and behavioral health symptoms?

Design / Implementation

Design: 2 Phase Cohort Repeated Measures Design

Sample: Newly graduated [or accessioned] advanced practice nurses transitioning to the clinical role of NP.

Methods:

Phase 1: Data collection of AF NPs at 4 time points (Fall 2017 – Spring 2019)

Phase 2: Data collection of Army/Navy NPs at 4 time points (Fall 2019 – Spring 2021)

Data collection: Emailed link sent to participants at 6 month intervals. Provides access to self-report tool, a set of valid and reliable instruments to measure psychological and work factors, managerial coaching, anxiety, depression, perceived stress and clinical confidence.

Participant Protections: Participants create a unique identifier code that will link the respondent's survey responses [to show score differences across time points]. Study results will be reported in aggregate form.

Analysis Plan: Descriptive statistics and repeated measures will be used to analyze the data .

Sample

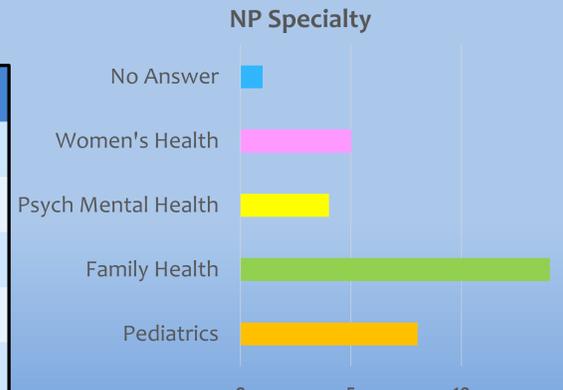
AF Cohort 1: 41 newly graduated or accessed AF NPs invited to participate Fall 2017

N = 32 respondents

Age range: 26 – 54 (M=36)

Year of Nursing Experience range: 1 year to 28 years (M=9)

| Assigned Commands | | NP Specialty | |
|-------------------|---|--------------|---|
| Command | # | Command | # |
| AETC | 7 | ACC | 8 |
| AFMC | 3 | AFGSC | 2 |
| USAFA | 1 | AFSPC | 3 |
| AFSOC | 1 | PACAF | 3 |
| USAFE | 3 | No Answer | 1 |

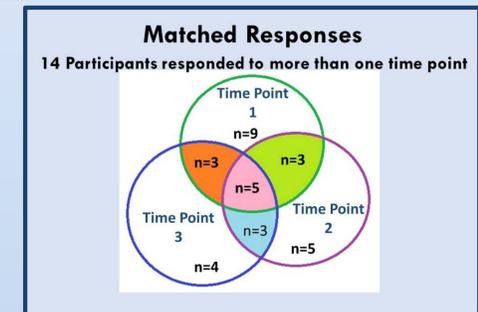


Preliminary Findings

Participant Response:

14 Participants responded to more than one time point.

| | Time Point 1 | Time Point 2 | Time Point 3 |
|--------------------------|--------------|--------------|--------------|
| #s of Complete Responses | 21 | 17 | 15 |
| Response Rate | 51% | 41% | 36% |



- 40 % -- increased depressive symptoms
- 50 % -- increased stress
- 50 % -- higher anxiety scores at T2; 50% lower scores
- 60 % -- decreased scores for Organizational Commitment
- 100 % -- increased Quantitative Job Demands & Role Conflict
- 100 % -- increased Support from Superiors, Fair Leadership and Innovative Climate

Implications for Military Nursing/Military Health System

- Addresses DHA focus on readiness and TSNRP priorities of nursing competencies & practice, leadership, and mentoring
- Results may inform service branch leadership transition programs decisions and increase retention
- Inform future policy in support of MHS Quadruple Aim Strategic Imperatives, quality, safety and access, the cornerstone of Trusted Care in high reliability organizations

Limitations/Recommendations

- Limitations: Small sample size, response bias, AF only sample, delay/process for DoD Information Collection approval
- Recommendations: Complete AF cohort 2 data collection; proceed with Army and Navy cohorts; continue long-term program evaluation for transition program.
- Future research: Add perceived readiness & focus groups