

Optimizing Transitional Support for Novice Nurse Practitioners

Karen Robeano, DNP, RN, NEA-BC, Debbie Delong, RN, BSN,
and Heather A. Taylor, DNP, WHCNP-BC

Navigating the unique challenges associated with the role transition from experienced nurse to novice nurse practitioner requires engagement from all levels within the health system. This article describes a new onboarding process supporting the nurse transitioning into advanced practice. Beginning with recruitment and continuing throughout the first year of practice, the process is designed to facilitate ease of assimilation into this new role.

Nurse practitioner (APRN) role transition, from experienced registered nurse to novice APRN, can be stressful and challenging.¹ Current evidence-based research illustrates how APRNs' perception of preparedness for their new role is less than ideal, which often leads to lower job satisfaction, feelings of discontentment, and ultimately, turnover.^{2,3} Health systems play a critical role in APRN role transition by providing enhanced orientation, onboarding, and peer mentorship. These interventions have a positive impact for novice APRNs, patients, and health systems alike.⁴⁻¹⁰ In keeping with these findings, our rural health system recognized that by formalizing the onboarding process, attending to all aspects of well-being, and incorporating a peer mentor, transitional APRNs can successfully adapt to their new role with minimal apprehension. By easing novice APRNs' progression to independent practice through transitional support, our health system aims to ensure optimal patient outcomes, professional satisfaction, and provider retention.

COMPONENTS OF TRANSITIONAL SUPPORT

Selection and Recruitment Process

The key to any successful onboarding program is a robust, culture-based selection and recruitment process. Our health system's prehire process begins with a screening interview conducted by the administrative director of acute care medical services. The director initiates the discussion by asking the candidate to share his or her story. This question focuses in on the life-shaping milestones of the APRN's personal and professional journey. The director also asks the candidate to describe how the perfect job would look and feel. The candidate's responses typically address aspects of the position that align with personal goals and, conversely, aspects that could be misaligned with

the candidate's aspirations. The remainder of the interview involves questions regarding education, professional experiences, and fit with the organizational culture. The results of this interview are immediately discussed with the regional chief of acute care medical services and other clinical and administrative staff. The team then collectively determines whether to advance the APRN candidate to an onsite interview, which consists of several key steps designed to allow a thorough evaluation for both parties in a condensed timeframe. These steps include:

1. Prior to the onsite visit, the APRN candidate receives an agenda including the contact information for all the providers and staff members the candidate will meet.
2. The APRN candidate is greeted at his or her hotel with a welcome basket, letting the candidate know how happy we are to have him or her here to evaluate our health system as a potential employer.

KEY POINTS

- Navigating role transition from experienced nurse to novice nurse practitioner can be challenging.
- Structured onboarding processes, beginning with recruitment and continuing throughout the first year onboard, aim to support nurses transitioning into advanced practice.
- While many of our health system's onboarding components are commonly used, we have experienced greater success by adding personalized touches, enhanced training, and peer mentoring.

3. On the morning of the visit, a member of the recruitment staff greets the APRN candidate at the hospital door and escorts him or her to each interview. While the candidate is being interviewed, we also provide activities for the significant other, such as access to our health system's fitness center or a local shopping trip.
4. Around noon, the APRN candidate meets with a peer group over lunch. This informal time provides for an open exchange of information and includes a question and answer period. The potential supervising physician also participates in the luncheon.
5. Between scheduled meetings, the APRN candidate receives a personally guided tour, led by the lead hospitalist, of the hospital and the candidate's specialty area, if applicable. Additionally, the APRN candidate participates in a community tour, where the candidate's family members are welcome and encouraged to participate.
6. The onsite visit concludes with a dinner attended by the APRN candidate, his or her family, and a small group of providers. If it is decided that the candidate should be actively recruited, and reference checks have been completed, the candidate will be presented with a letter of intent. If an offer is not presented during the onsite visit, a letter of intent is sent to the provider, and a member of the recruitment staff extends the verbal offer via phone. This personal connection provides another opportunity to link the characteristics of the position opening with the preferences articulated by the candidate.

After the onsite visit, recruitment staff maintain regular contact with the APRN candidate and phone at least weekly to provide any needed updates. Once the candidate formally accepts the offer and signs the letter of intent, recruitment staff initiates the onboarding process.

Formalized Onboarding

Our health system approaches onboarding as the time between offer acceptance to, at minimum, 1 year post start date. This approach recognizes the importance of providing optimal transitional support throughout critical phases in a novice APRN's practice. To ensure that every component of the onboarding process is completed in a structured, timely manner, our health system recently developed an organization-wide Provider Onboarding Guidelines checklist. Prior to this centralized approach, each key process owner utilized his own checklist and materials to orient new providers. Approximately a year ago, a multidisciplinary task force met to discuss onboarding processes. Upon analysis, the task force identified the need to create a universal onboarding checklist identifying priorities with specific, assigned timelines. As such, the

new Provider Onboarding Guidelines checklist identifies every onboarding activity that must be completed, the responsible party, and timeline for initiation and completion. The checklist assists the entire team preparing for the new APRN's arrival. It clearly delineates the responsibilities of recruitment, operations, and human resources, which can often overlap and result in missed steps throughout the onboarding process. To enhance accountability in ensuring timely completion of tasks, we are in the process of converting the checklist into an online database to track completion of tasks and workflow among responsible parties in the onboarding process.

Phases of Onboarding

Pre-arrival. Onboarding activities are divided into 3 phases: pre-arrival, first 30-days post start date, and beyond 30 days (*Figure 1*). The pre-arrival phase cannot be undervalued because it represents a crucial time in building a relationship with the new APRN. Active efforts to retain the new APRN begin once an offer is accepted. Our health system utilizes several mechanisms of communication to maintain ongoing, scheduled contact with the APRN. Efforts include assigning an administrative navigator who calls the new APRN to assist with the credentialing process. The navigator also e-mails the new APRN a detailed document that addresses questions commonly asked about the onboarding process along with a collaborative practice agreement that describes expectations and scope of practice. During the pre-arrival phase, efforts are undertaken to ensure that the APRN and his or her practice/department are well prepared for the APRN's first day of practice, from attaining state licensure to providing needed equipment and supplies. Provider recruitment and human resources work collaboratively with operations to prepare for the APRN's first day and to reiterate the health system's anticipation for his or her arrival.

First 30-days post start date. Upon the new APRN's first day of practice, the focus of support is to optimize the APRN's first 30 days onboard. Welcome activities and actions during this time set the foundation for the level of ease of integration into practice and the longer-term relationship with the health system. During this time, responsibility for onboarding passes from recruitment and human resources to operations. Standardized onboarding activities continue, with some customization based on the APRN's previous experiences or needs.

Beyond 30 Days. Following the new APRN's first 30 days onboard, transitional efforts concentrate on the novice APRN's personal and professional development. This focus includes reinforcing orientation topics, identifying any knowledge gaps, providing subsequent education and training as needed, and discussing in more detail personal and professional goals. During this time, leadership meets with the new APRN to ensure that he or she is acclimating well to practice and meeting quality and productivity expectations. Throughout this phase, the new APRN receives continual feedback and ongoing proactive

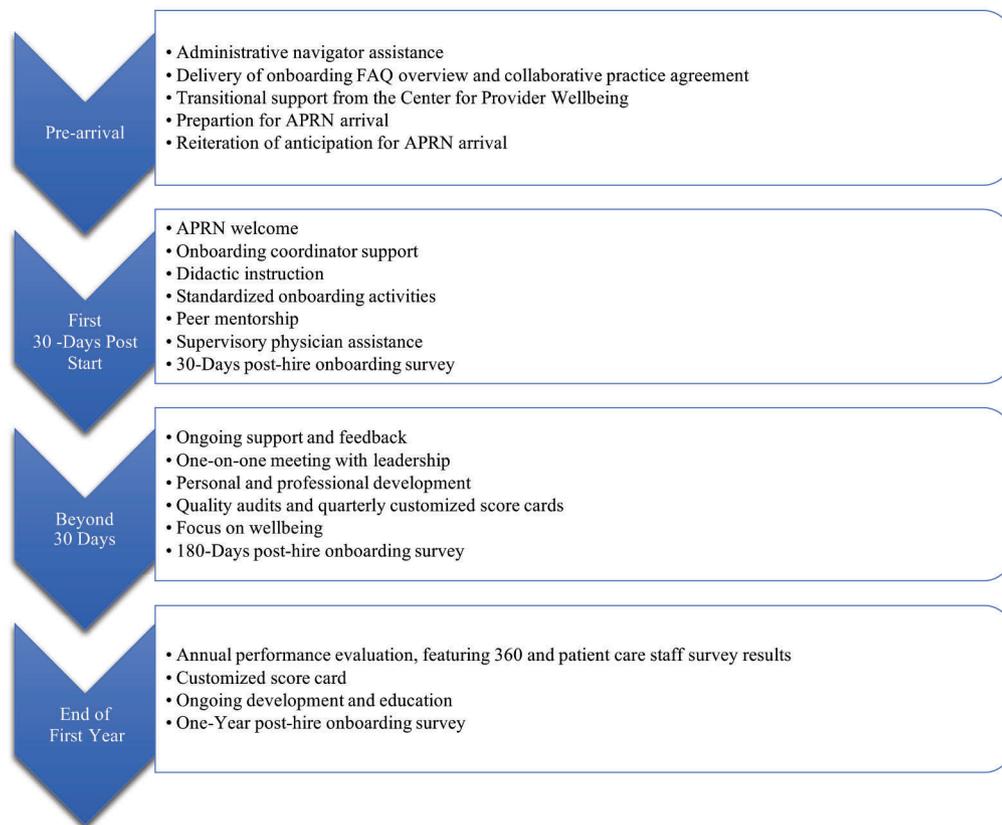


Figure 1. Phased Onboarding Activities

Includes the end-of-first-year evaluation outlined in the Measuring Impact section. FAQ, frequently asked questions.

support from the provider group president, director, and practice/department management to assist the new APRN in building a successful practice.

Focus on Well-Being

Increasing evidence suggests that the practice environment significantly influences whether new providers experience a smooth transition into practice and remain engaged.⁴⁻⁹ Such organizational support requires investment in programs that provide the necessary tools for new providers to reduce stressors. In response, our health system's Center for Provider Wellbeing (CPW) was established in 2016 as an innovative benefit for all providers and their families. The CPW offers a variety of professional and personal supports, such as social networking, coaching, counseling, and transitional support to facilitate integration into practice and the community. The CPW is supported entirely by the generous donations of the community to the health system's foundation.

Beginning as early as the recruitment process, new providers are introduced to the CPW. Providers are personally welcomed by the CPW director prior to their start date. Welcoming typically consists of a lunch

meeting to introduce the CPW's programs and services. As part of the welcome process, the CPW utilizes a volunteer social group, often providers' significant others, called FirstConnect. The goal of FirstConnect is to promote a sense of belonging and support among coworkers, spouses or significant others, families, and the surrounding community. FirstConnect members plan and participate in social events to promote connectivity and build relationships among new providers and their families. Overall, the CPW provides an instrumental conduit of support for new providers, their colleagues, and family members.

Peer Mentorship

Mentors, both formal and informal, effectively aid in the role transition from RN to APRN.⁹⁻¹⁰ Mentorship is key for novice APRNs because of its positive early influence on personal and professional development, organizational enculturation, and time-to-productivity. It better prepares transitional APRNs to learn, engage, excel, and, over time, remain within a workplace where they feel fulfilled and supported.

Within our health system, transitional APRNs are immediately aligned with an onboarding coordinator, who

is a formal peer mentor to oversee the initial onboarding experience and to share standardized didactic information. Following 2 training days with the coordinator, the APRN is paired with an informal peer mentor to shadow for several shifts, with the ability to extend the shadowing experience depending on the APRN's competencies and comfort level. This practice affords cross communication, fast responses to questions, and ongoing introductions to patient care staff and enculturation. During this initial shadowing, the coordinator frequently seeks input from the informal peer mentor regarding observations and areas requiring additional focused instruction.

Following the shadowing experience, the new APRN is scheduled to work with a physician, with an assigned panel of patients to manage. The physician's patient census is decreased on the days that he or she is mentoring to ensure adequate time for answering questions, reviewing documentation, and collaborating on care. Over the APRN's first several months onboard, the number of assigned patients gradually increases, based upon quality and production performance expectations conveyed during the hiring process. The onboarding coordinator continues regular check-ins with the transitioning APRN during this time. After 1 year onboard, the novice APRN is expected to attain patient volumes that are in accordance with his or her peer group. The multiple components of our peer mentorship model serve to support advanced learning and to bridge the gap between didactic learning and professional clinical experience for transitional APRNs.

MEASURING IMPACT

The impact of a successful onboarding program can be realized through numerous touchpoints across the health system, from the ability to attain high-performing providers and retain them long-term to optimal patient outcomes, quality of care, and provider satisfaction. As such, we measure impact at the transitional APRN, patient, practice/department, and organizational level.

Transitional APRN, Patient, and Practice/Department Level

Evaluation of the transitional APRN is conducted at critical phases of onboarding to identify ongoing learning needs, address any concerns or challenges, and assess both the individual APRN's and the practice/department's onboarding performance. After the first 60 days onboard, a sampling of records is pulled by a master's prepared nurse coder or auditor who completes a quality review and shares the findings with the chief, director, and onboarding coordinator to discuss strengths and opportunities for improvement. The auditor and chief meet one-on-one with the APRN if there are areas to address. Established key metrics are also monitored and discussed among the APRN and supervising physician or onboarding coordinator. Metrics specific to the transitional APRN include core measure compliance, admission throughput, discharge

time, and medical record audit data. These key performance measures are reported via a customized, quarterly score card, which allows the APRN to track performance and professional goals over time. In addition to the score cards, there is an annual review, which uniquely features inclusion of 360 and patient care staff surveys, thereby providing input from both the peer group as well as the nursing staff with which they work.

Based on the transitional APRN's performance evaluations, ongoing development and education is provided through lunch and learns, monthly clinical symposiums, and journal club presentations. In addition, there is a biweekly bulletin, *The Morning Report*, which covers utilization management tips, performance metrics, drug updates, and educational opportunities. The transitional APRN also participates in bimonthly ongoing training related to our enterprise-wide electronic medical record (EMR), coding, and documentation. Findings from the record audits and information gained from our clinical documentation specialists influence educational offerings topics. Additionally, transitional APRNs participate in bimonthly team meetings which include physicians, advanced practice providers, and administrative staff. At these meetings, information is shared regarding new programs, policies, and procedures as well as quality, patient satisfaction, and performance metrics.

Organizational Level

To assess the impact of the health system's onboarding program on an organizational basis, the health system recently implemented a web-based, phased onboarding survey. New full-time and part-time APRNs are surveyed at 30 days, 180 days, and 1 year post hire. Questions are phrased on a Likert scale, with optional comment boxes, and include only essential demographic information, such as area of practice, to maintain anonymity. Questions in the 30-day survey focus on assessing recruitment, relocation, orientation, and onboarding processes, with the 180-day and 1-year surveys repeating the same onboarding and satisfaction questions. Administering the same question set at key intervals in the onboarding process allows administrative staff to evaluate the impact of onboarding practices over time. The phased onboarding survey was recently piloted for 90 days among new hires to determine the effectiveness of the tool—essentially does the tool measure what it is intended to measure and are there any areas in the onboarding process that are not currently addressed in the survey that should be addressed going forward. The pilot received a high level of engagement among respondents, with response rates of 92% (n = 12) for the 30-day survey, 70% (n = 7) for the 180-day survey, and 100% (n = 6) for the 1-year survey. In addition, respondents expressed that the surveys were comprehensive. Themes in pilot responses indicated achievement in a stellar recruitment process, fostering a team environment, colleague support, and job satisfaction. Due to a successful pilot, the phased onboarding

survey was recently implemented system wide. Going forward, aggregated survey results will be reported on a quarterly basis with continual refinement of onboarding processes, support, and activities, as indicated.

DISCUSSION

Through the formalized onboarding program, our health system has been able to provide all new APRNs with a solid foundation based upon best practice tools and techniques to ease integration into everyday practice. This approach minimizes the stress associated with transitioning into advanced practice and more readily increases APRNs' confidence. We have found that a new APRN's confidence directly correlates with the level of service excellence, satisfaction, and efficiencies in time and patient management. In fact, improving upon new APRN confidence was the catalyst for redesigning our onboarding practices.

Although many of our onboarding components are commonly used, we have had greater success by adding the personal touches, enhanced training, and peer mentoring. We are in the process of expanding these efforts, based upon informal feedback to the onboarding task force. We look forward to formally evaluating our new onboarding practices and upcoming onboarding initiatives throughout the year through our recently implemented onboarding survey. While we are awaiting longitudinal metrics to establish impact trends, since implementation of the new onboarding program, we have not experienced APRN turnover. In fact, we are hiring more APRNs than previous years, with a waiting list of interested APRNs as new positions become available.

Looking ahead, we are in the process of developing a formalized mentorship program to facilitate a mentor community for every provider, to augment peer-to-peer mentoring for transitional APRNs. Rather than an orientation and training focus, the primary goal of the global mentorship program is to extend the offerings of the Center for Provider Wellbeing by fostering personal connections and relationships with a seasoned mentor in an effort to minimize the risk of burnout that can be common while acclimating to a new practice. The program will be offered as a standard component of onboarding, matching newly hired physicians, physician assistants, and nurse practitioners with trained, experienced mentors. Mentorship pairs will meet regularly throughout the onboarding provider's first year to discuss his or her transition into the medical group and community, and continued personal and professional development.

Another upcoming addition to our formalized onboarding process is the Provider Development Series. The series will feature 10 self-guided videos and 1 in-person mini workshop facilitated by in-house subject matter experts on common challenges experienced within the first year in a new practice, such as quality documentation, billing, coding, and EMR quick tips. Our aim for the series is to provide advanced education and practical tips to further facilitate new providers' transition into practice.

As our health system continues to employ more APRNs and strengthen relationships among community providers, enhancing efforts to recruit quality providers and promote engagement, integration, and retention are imperative. Ultimately, investment in onboarding and transitional support strives to influence a workplace where new APRNs feel supported, satisfied, and invested to stay and contribute to the health system and greater community.

References

1. Twine N. The first year as a nurse practitioner: an integrative literature review of the transition experience. *J Nurse Educ Pract.* 2018; 8(5):54-60.
2. Barnes H. Exploring the factors that influence nurse practitioner role transition. *J Nurse Pract.* 2015;11(2):178-183.
3. Hart AM, Bowen A. New nurse practitioners' perceptions of preparedness for and transition into practice. *J Nurs Pract.* 2016;12(8):545-552.
4. Dillon DL, Dolansky MA, Casey K, Kelley C. Factors related to successful transition to practice for acute care nurse practitioners. *AACN Adv Crit Care.* 2016;27(2):173-182.
5. Faraz A. Novice nurse practitioner workforce transition into primary care: a literature review. *West J Nurs Res.* 2016;38(11):1531-1545.
6. Fitzpatrick S, Gripshover J. Expert nurse to novice nurse practitioner: the journey and how to improve the process. *J Nurs Pract.* 2016;12(10):e419-e421.
7. Jarrell L. Professional development and mentorship needs of nurse practitioners. *J Nurses Prof Dev.* 2016;32(1):26-32.
8. MacLellan L, Levett-Jones T, Higgins I. Nurse practitioner role transition: a concept analysis. *J Am Acad Nurse Pract.* 2015;27(7):389-397.
9. Horner DK. Mentoring: positively influencing job satisfaction and retention of new hire nurse practitioners. *Plast Surg Nurs.* 2017;37(1):7-22.
10. Hill LA, Sawatzky JA. Transitioning into the nurse practitioner role through mentorship. *J Prof Nurs.* 2011;27(3):161-167.

Karen Robeano, DNP, RN, NEA-BC, is Vice President, Patient Care Services and Chief Nursing Officer at FirstHealth Moore Regional Hospital in Pinehurst, North Carolina. Debbie Delong, RN, BSN, is FirstHealth Physician Group Regional Administrative Director of Acute Care Medical Services at FirstHealth Moore Regional Hospital. Heather A. Taylor, DNP, WHCNP-BC, is Consultant at FirstHealth Moore Regional Hospital. She can be reached at hataylor@firsthealth.org.

Note: The authors acknowledge Laura Tomanelli for her invaluable contributions to improving the onboarding process and feedback on earlier versions of this paper. The authors also gratefully acknowledge Sara Hoover, PA-C for her efforts as the Onboarding Coordinator and the Foundation of FirstHealth, 150 Applecross Road, Pinehurst NC 28374, for supporting the Center for Provider Wellbeing. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

1541-4612/2019/ \$ See front matter

Copyright 2019 by Elsevier Inc.

All rights reserved.

<http://dx.doi.org/10.1016/j.mnl.2019.03.020>