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Transitioning the Family Nurse Practitioner into Specialty Practice

A Doctor of Nursing Practice Project Defense

Presented in

Partial Fulfillment of the

Requirement for the Degree of

Doctor of Nursing Practice

By

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Transitioning the Family Nurse Practitioner into Specialty Practice

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Background

There is minimal existing data regarding the significant transition into practice for Nurse Practitioners, especially Family Nurse Practitioners (FNPs) transitioning into specialty clinical practice.

Objective

The purpose of this study was to examine whether FNPs are able to successfully transition into specialty practice through self-report of their perceived comfort and competence. Additionally, the primary investigator sought to explore the understanding of the FNP's advanced practice role by others, collegial support, and communications and relations with patients.

Methods

This study utilized a cross-sectional, online survey study design using the 16-item, 7-point Likert Scale Nurse Practitioner Role Transition Scale (NPRTS) along with five open-ended qualitative questions to measure concepts related to successful and unsuccessful FNP role transition into specialty practice. Descriptive and correlation statistics were utilized in data analysis.

Results

From a sample of 23 FNPs, the overall mean score for the NPRTS was 2.19 (SD=0.66) indicating a low level of confidence and support throughout their transition into specialty clinical practice.

Conclusions

The results of this study concluded that having a formal orientation results in an easier transition into specialty clinical practice for FNPs; however, the majority of the FNPs in this study did not feel prepared for this transition into clinical practice.

Implications for Advanced Practice Nursing

FNP program directors and clinical specialty administrators are stakeholders in the transition into specialty practice process and should use these study results to help further support FNPs.

Four Keywords for Indexing

Transition into NP clinical practice

Family Nurse Practitioner

Specialty clinical practice

Transition into specialty clinical practice

Transitioning the Family Nurse Practitioner into Specialty Practice

Transitioning the Family Nurse Practitioner into Specialty Practice

The American Association of Nurse Practitioners (AANP) reports that family nurse practitioners (FNPs) make up 60% of the more than 234,000 currently practicing nurse practitioners (NPs) (AANP, 2018). Approximately 41% of the currently practicing FNPs are employed in specialty areas of healthcare. The phenomenon of FNPs transitioning into specialty practice areas has yet to be studied. Addressing this knowledge deficit in transitioning into specialty practice will help identify the areas of weaknesses and strengths of the FNPs to improve their preparation to deliver advanced practice care for specialty patient populations. The knowledge gained from this study may lead to an increased interest in and retention of FNPs within areas of specialty clinical practice.

NPs provide “quality health care” to patients in a variety of clinical areas (Hart & Bowen, 2016, pg. 545). As early as 1995, there was published evidence of NP driven improvements in patient care, such as NP-provided evidence-based education regarding post-operative surgical care to the bedside staff nurses, resulting in reduction of cost for the surgical department of a 382 bed non-profit health care facility (Hylka & Beschle). Optimal care delivery by NPs relies upon receiving strong support and a well-developed orientation for transition into their role as NPs (Kapu & Steaban, 2016). As noted by Barnes (2015, pg. 178), “the transition... to nurse practitioner (NP) is a significant career” change, which can “often [be] difficult and can be stressful across various settings”. A successful transition is necessary in order for FNPs to provide optimal patient care while feeling confident in their specialty roles.

Problem Statement

Literature regarding FNPs working in specialty areas is limited, especially with regard to the transition into practice. Therefore, further research needed to be completed in order to better

understand the transition into clinical practice for the new FNP and what factors, such as formal orientation, previous specialty nursing experience, and specialty clinical rotation, influence the ease of this transition.

Objective of Study

The purpose of this study was to examine whether FNPs are able to successfully transition into specialty practice through the following categories: self-report of their perceived comfort and competence, understanding of their advanced practice role by others, collegial support, and communications and relations with patients. This study also sought to prove that formal orientation and previous nursing specialty experience had an effect on the ease of transition into specialty clinical practice.

Literature Review

The literature review findings provided context on this topic of FNP role transition. Faraz's literature review specifically looked at three themes that influence the nurse practitioner's transition into a primary care setting: role ambiguity, dealing with obstacles, and the caliber of relationships these nurse practitioners establish during this transitional phase (Faraz, 2016). Poronsky (2013) also conducted a literature review with a focus on the transition from experienced nurse to FNP and concluded that this transition occurs with many external influences, such as the availability of supportive resources.

Hart and Bowen (2016) conducted a survey of about 700 nurse practitioners and found that many of the respondents voiced interest in participating in a formal mentorship relationship within their first clinical role. Similarly to Hart and Bowen (2016), Norwick (2016) discussed using a FNP residency program to improve both recruiting as well as retention in primary care

positions (2016). Through a grant, the federally qualified health center was able to start a residency program for newly graduated family nurse practitioners.

Two studies from the literature review have had substantial influence on the development of this study's design. The first study by Strange (2015), describes creation and testing of the Nurse Practitioner Role Transition Scale (NPRTS). In review of the literature, Strange found that many NPs described the transition into practice as "fraught with challenges resulting in negative experiences... and subpar performance" (2015, pg. 2). Therefore Strange developed the NPRTS given that "the specific factors... for successful transition remain essentially undefined and untested" (Strange, 2015, pg. 2). The new NPRTS instrument was tested on a group of 182 nurse practitioners that worked in acute care as well as outpatient settings (Strange, 2015). The study found that the NPRTS identified key elements for a successful transition into practice for the NPs surveyed including perceived competence, collegial support, and role understanding (2015). Study conclusions suggested that this scale be used not only to assess a nurse practitioner's readiness to enter practice, but also as an ongoing assessment within the clinical role in order to prevent stunted competence in practice (Strange, 2015).

A second study by Barnes (2015), discusses NP transition into practice and the factors that influence this process such as a structured orientation, mentorship programs, and the amount of previous RN experience. Barnes utilized the NPRTS to survey 352 nurse practitioners at a national conference to assess the necessary components of a successful role transition. Barnes (2015) found a positive correlation between a formal orientation and a successful transition into practice ($p < 0.001$); however, no correlation between years of previous nursing experience on the transition into practice as a NP was noted.

While the review of the literature identified many studies discussing the transition from student to clinical practice for NPs, there are no known studies found to date that specifically discuss transition to specialty areas of clinical practice for FNPs. As the population of patients and providers continues to age, this demand will only continue to accelerate and FNPs will be attractive to many specialties given their training in multiple patient populations. In order to fill this knowledge gap, research is needed to further assess the needs of this specific population of FNPs during role transition into specialty clinical practice.

Theoretical Model

The middle-range Transition theory by Meleis, Sawyer, Im, Messias, and Schumacher (2000) was used in the implementation of this study and can be found in Appendix C. These authors studied various situations in which nurses provide care to patients who are going through times of transition. This, in turn, involved the care provider in this transition as well. Since the transition from a registered nurse to a family nurse practitioner is so crucial for the success of this particular care provider, this theory is appropriate to guide the conduct of the entire study.

The authors identified the following “essential properties of transition experiences:” engagement, change and difference, time span, critical points and events, and awareness (Meleis et al., 2000). New FNPs must be aware of their surroundings and their emotions during the transition from graduate school into their first area of clinical practice in order to be successful. These new FNPs must be engaged in this transition by seeking out mentors and opportunities to expand their novice knowledge base in transitioning into clinical practice, especially in specialty areas. This transition into clinical practice represents a change for the new FNP but also for those colleagues and collaborating physicians who work with them. In order for this transition to be successful, all parties must be open and willing to accommodate change.

Methods

Study Design

This study utilized a cross-sectional, online survey study design using the 16-item, 7-point Likert Scale Nurse Practitioner Role Transition Scale (NPRTS) along with five open-ended qualitative questions to measure concepts related to successful and unsuccessful FNP role transition into specialty practice.

Sample

Study sample included FNPs in specialty clinical areas of practice. The primary region of the sample is undeterminable given the minimal demographic information that was collected.

Setting

The targeted population for distributing the survey was FNPs in specialty clinical practice via the use of the Doctorate of Nursing Practice organization's online forum and an alumni email listserv of an urban university in Illinois.

Instrument

This study utilized an adaptation of the NPRTS instrument depicted in Appendix A (Strange, 2015). Written permission via email was obtained from Dr. Strange before the conduct of the study. The anonymous online survey was created using the Qualtrics online research platform (www.qualtrics.com) and the NPRTS was depicted on the first page of the survey. The respondents were shown a list of statements to which they responded: 7=Strongly Agree, 6=Agree, 5=Somewhat agree, 4= Neither agree nor disagree, 3=Somewhat disagree, 2= Disagree, and 1= Strongly Disagree. A higher score overall would indicate an easier transition into clinical practice whereas a lower score would describe a relatively difficult transition.

The five open-ended questions were created to gather demographic data about the survey participants. These questions were posted on the second page of the survey via Qualtrics. These five questions asked the participants about their prior nursing experience, any additional specialty rotations completed in their NP program, the orientation process as a new NP, additional training following employment as a new NP, and what specialty area the NPs were employed in.

The DNP committee of the primary investigator reviewed these open-ended questions for content validity prior to approval. The committee members are considered experts in their fields and are all actively practicing board certified nurse practitioners. These five open-ended questions can be found in Appendix B.

Recruitment Procedures

This anonymous survey link was distributed to the alumni of an urban FNP program in Illinois via an email sent by a third party to protect the confidentiality and privacy of the potential study participants. The survey was also posted to the online forum of the Doctorate of Nursing Practice website where FNPs could choose to enter the survey anonymously. The DePaul University Institutional Review Board (IRB) prohibited the primary investigator from distributing the survey link directly to any FNPs based on the terms of IRB approval.

Data Collection Procedures

The collected data from the posted survey in Qualtrics was exported and then entered into the Statistical Package for the Social Sciences (SPSS) software, version 25 (International Business Machines, 2019). One of the surveys contained incomprehensible information within the qualitative section and therefore was not included in the demographic analysis, making the corrected n=17.

In distributing this survey to multiple entities, there was a significant reduction or overall elimination of sampling bias and therefore this survey can capture a representative population in order to provide more significant results (Beck & Polit, 2017). By using a survey, interviewer bias will be significantly limited and the anonymity of the participants preserved (Beck & Polit, 2017).

Ethical Considerations

Prior to distributing this survey, permission was obtained through the IRB at DePaul University. The primary investigator completed the Collaborative Institutional Training Initiative (CITI) basic course for doctoral students, which discussed the importance of adhering to regulations including informed consent, confidentiality, and privacy in order to protect human study participants.

The potential study participants read a statement on the first page of the online survey regarding their rights and the measures that protected their privacy and confidentiality before taking the online survey. The primary investigator also attached in the online survey a study information letter detailing the research study and the goal of the research study. This letter, which can be found in Appendix F, informed the potential study participants that their participation was completely voluntary and they may terminate the survey at any time with no consequence to them. There was no potential harm to the participants in participating in this survey.

Results

The sample size for the quantitative data and qualitative data in this study were 23 and 17 respectively. The mean time to complete the entire survey was 13.5 minutes while the median time was 6.1 minutes. The overall mean score for the NPRTS instrument was 2.19 (SD=0.66),

indicating an overall low level of confidence and support throughout their transition into specialty clinical practice. The overall Cronbach's alpha for the NPRTS was 0.935, indicating excellent reliability of the NPRTS in measuring role transition of FNPs in this current study (DeVellis, 2017).

In the previous studies that employed the NPRTS instrument, the statements relating to NP transition were divided into the following topics: Developing comfort and competence, understanding of the role by others, collegial support, and communications and relations. In this current study, these same topics were used and analyzed to determine the mean scores of the responses from each topic. For developing comfort and competence, the mean score was 2.29 (SD=0.92); for understanding of the role by others, the mean score was 2.43 (SD=0.97); for collegial support, the mean score was 2.09 (SD=0.75); and for communications and relations, the mean score was 1.92 (SD=0.61).

The highest mean score across these four subgroups was that of the understanding of the FNP role by others; however, this mean score is still on the lower half of the Likert scale indicating overall poor understanding of the FNP role by others including patients, the public, management, and other healthcare professionals. These results can be found in Appendix D. The mean score of 2.29 for developing comfort and competence indicated that the FNPs did not feel comfortable in their specialty clinical roles or with the transition into practice overall. The mean score of 2.09 for collegial support indicated that the FNPs did not feel supported by their mentors, management, other healthcare providers, and their peers. The lowest mean score in the four subgroups was that of communications and relations. This score of 1.92 indicated that the FNPs experience anxiety and conflict while trying to communicate with other healthcare providers.

When considering the demographic data that was collected using the qualitative questions, 13 respondents had previous nursing experience in the specialty area that they chose to pursue following graduation from their FNP program. Of these 17 respondents, 11 FNPs had the ability to complete a specialty rotation during their NP program. Only 10 of the 17 respondents had a formal orientation when starting their employment in the particular specialty area and 9 respondents were able to complete additional education within this area. Additional details of these results can be found in Appendix D.

Discussion

In comparison to the results of the previous NPRTS studies (Barnes, 2015; Strange, 2015), there are a few distinctive correlations, which are consistent with the findings of previous studies (see Appendix E). First, there appears to be no positive influence of previous nursing experience in a particular specialty area on the ease of transition into a NP role in that particular specialty given that the mean score on the NPRTS for those with previous nursing experience was lower (M=2.62) versus those with no previous specialty nursing experience (M=3.0). Barnes and Strange concluded that prior nursing experience had not overall effect on the ease of transition for the NP as working as a nurse versus a NP were vastly different (2015). In addition, FNPs with previous nursing experience in the specialty area of practice reported lower mean scores on the NPRTS related to the ability to completed tasks within an allotted time due to comfort with clinical skills (M=2.62) versus those with no previous specialty nursing experience (M=2.75).

The FNPs who experienced a formal orientation while transitioning into specialty practice reported a higher mean score on the NPRTS specifically related to the ease of this transition (M=2.8) than those FNPs who did not receive a formal orientation (M=1.85). In

addition, the FNPs who had a formal orientation reported a higher mean score when answering about greater confidence in decision making on the NPRTS (M=2.4) compared to those respondents who did not have a formal orientation (M=2.28). Barnes also concluded that those NPs who were provided with a formal orientation experience reported easier transition into practice (2015). Comparison of these mean scores provided evidence that establishing a formal orientation program for new nurse practitioners is critical to their success in transitioning into their new roles.

Limitations

One of the limitations of this study was the small sample size. The ability to distribute the online survey during a national conference or to a national organization would be beneficial in gaining a greater number of respondents. This survey could be reworked in a way to make answering the qualitative questions more user-friendly so that a greater number of respondents would complete these questions in addition to the NPRTS Likert-type questions.

Another limitation of this study was the limited demographic data that was collected. In future studies, the following data should be collected: age of the respondent, number of years of nursing experience prior to becoming a NP, number of years worked as a NP, and gender of the respondent. A more robust sample size and demographic data could potentially yield even more information that may be beneficial to FNP program directors and specialty care administrators in instituting changes for FNPs who are interested in specialty practice.

Conclusion

Previous nursing experience within a specialty area should not be considered as a factor for a successful FNP transition into specialty clinical practice given the difference in roles. This finding is supported by two previous studies by Barnes and Strange (2015). This finding should

be reported to FNP program directors in order to prepare FNPs for this transition regardless of their nursing background or years of experience. This finding is crucial to new FNPs who may be overly confident entering practice as a result of many years of previous nursing experience. This false confidence could translate into a difficult transition and lack of competence in the FNP's new specialty clinical role.

The importance of a formal orientation in relation to the ease of transition between registered nurse and FNP should not be overlooked by all of the stakeholders involved in the transition into specialty clinical practice. The new FNP should take this into consideration when applying for specialty clinical roles following graduation and understand the importance of a formal orientation on the ease of transition into practice. FNP program directors should encourage new FNPs to inquire about formal orientation practices at the institutions where they are interviewing for specialty clinical roles following board certification. Finally, clinical specialty administrators should realize the importance of a smooth transition into practice for the new FNP facilitated by a formal orientation, especially in regards to the FNP's increased confidence in delivering patient care.

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Appendix A

Revised NRTS (v. 2) – Item String with Corresponding Item Number

Factor 1. Developing Comfort and Competence	
1	I was very comfortable managing my patients.
2	I felt very competent managing my patient case load.
3	I was comfortable in my role.
4	I felt it was easy to transition from nurse to nurse practitioner.
5	I felt I had the skills to deal with role transition.
6	I felt confident as a nurse practitioner.
7	My nurse practitioner program prepared me for a smooth role transition.
8	I was able to complete my responsibilities in the allotted time because I was comfortable with my skills.
9	I had confidence in my decision making.
Factor 2. Understanding of the Role by Others	
10	My nurse practitioner role was very well understood by the public.
11	My nurse practitioner role was very well understood by my patients and families.
12	My nurse practitioner role was very well understood by management.
13	My nurse practitioner role was very well understood by my physician colleagues.
14	My nurse practitioner role was very well understood by my nurse colleagues.
15	I felt that my patients trusted me.
16	I was accepted as a provider by other healthcare professionals.
Factor 3. Collegial Support	
17	I felt that I got a lot of support.
18	I felt that I was supported by management.
19	I felt that I was supported by my nursing colleagues.
20	I felt that I was supported by my physician colleagues.
21	My feelings of isolation were minimal.
22	I was treated as a professional by my colleagues.
23	I felt that I brought value to the team.
24	My mentors/preceptors were nurturing.
25	I was respected by other healthcare professionals.
Factor 4. Communications and Relations	
26	I felt that I was a visible provider on the healthcare team.
27	I had minimal anxiety when communicating with other healthcare providers.
28	I felt that I had a good relationship with the physicians.
29	The physician staff worked collaboratively with me.
30	I felt I had minimal conflict with other healthcare providers.
31	I felt that I contributed to problem-solving patient care issues.

Appendix B

1. Why did you choose to enter a specialty area of practice following graduation from your NP program? Which specialty area of clinical practice are you currently employed in?
2. Did you have any previous RN experience in this specialty area and, if so, did this experience influence your decision either to enter or not enter this particular specialty area following graduation?
3. Did you have a clinical rotation in a specialty area prior to graduation from your FNP program? If so, did you enter this particular specialty area following graduation? Why or why not?
4. Did you have a formal orientation into your new nurse practitioner role above and beyond the general hospital orientation? If so, was this orientation conducted by a nurse practitioner colleague who acted as a preceptor?
5. Did you receive any additional education or training in this specialty area once you were employed? If so, what was the nature of the training?

Appendix C

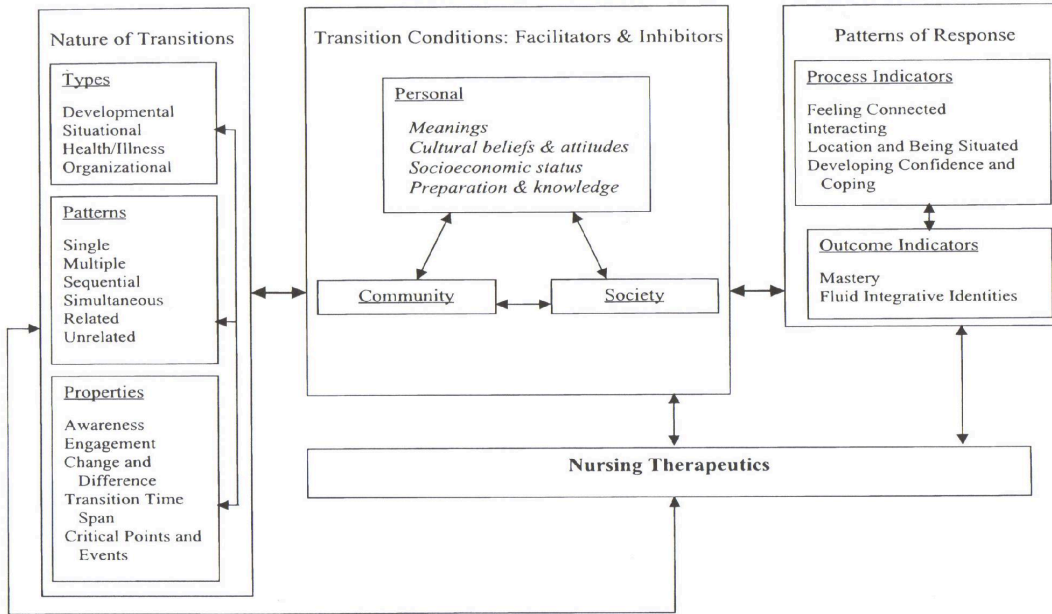


Fig 1. Transitions: a middle-range theory.

Appendix D

Scale: Nurse Practitioner Role Transition Scale-Revised

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.935	.947	31

Statistics

	Overall Mean Score in the NP Role Transition Scale	Overall Mean Score for Developing Comfort and Building Competence	Overall Mean Scores in Understanding NP Role by Others	Overall Mean Scores for Collegial Support Subscale	Overall Mean Scores for Communication and Relations Subscale
N Valid	23	23	23	23	23
Missing	0	0	0	0	0
Mean	2.1964	2.2947	2.4348	2.0966	1.9203
Median	2.3871	2.1111	2.2857	2.0000	2.0000
Std. Deviation	.66008	.92272	.96745	.75233	.61107
Variance	.436	.851	.936	.566	.373
Skewness	.279	.329	.833	.926	.414
Std. Error of Skewness	.481	.481	.481	.481	.481
Minimum	1.00	1.00	1.00	1.00	1.00
Maximum	4.03	4.11	5.00	4.11	3.33

Appendix E

Demographic Data:

Response	Yes	No
Previous RN experience in Specialty Area	13	4
Specialty rotation during NP program	11	6
Formal Orientation	10	7
Additional Education	9	8

Formal Orientation	Mean score for “Easy transition from nurse to nurse Practitioner”	Mean score for “I had confidence in my decision making.”
Yes	2.8	2.4
No	1.85	2.28

Previous RN Experience in Specialty Area	Mean score for “Easy transition from nurse to nurse practitioner”	Mean score for “I was able to complete my responsibilities in the allotted time because I was comfortable with my skills.”
Yes	2.62	2.62
No	3.0	2.75

Appendix F

Information Sheet for Participation in Research Study**Transitioning the Family Nurse Practitioner into Specialty Practice**

Principal Investigator: Katelyn Anhut, MSN, FNP-BC, RN, Doctorate of Nursing Practice Student

Faculty Sponsor: Ronald Graf, PhD, APN, FNP-BC; rgraf@depaul.edu

Institution: DePaul University

Hello Potential Survey Participant! My name is Katelyn Anhut and I am currently in the Doctorate of Nursing Practice completion program through DePaul University. Currently in the United States, there are more than 200,000 licensed nurse practitioners working in various areas and specialties within the healthcare system (AANP, 2018). While many of these FNPs, are employed within primary care roles, about 40% of this population chooses to enter specialty practice (AANP, 2018). Literature regarding FNPs working in specialty areas is limited, especially with regard to focus on professional development tools that promote prosperous and fruitful careers for these advanced practice providers.

This proposed research project will utilize the Nurse Practitioner Role Transition Scale to describe whether FNPs are able to successfully transition into specialty practice with the current knowledge base they possess following graduation, or if there is further education, support, and guidance needed. The anticipated results of this study will provide insight to those who may mentor, educate, and practice alongside these FNPs in order to create a strong culture of support thereby improving patient care, retention, and improved job satisfaction amongst FNPs within specialty practice. The primary investigator is seeking to collect 500 responses in order to yield statistically significant results.

Appendix F continued

The inclusion criteria of this survey are FNPs who are currently practicing in specialty areas. You must be age 18 or older to participate in this study. This study is not approved for enrollment of people under the age of 18. The survey contains both multiple choice and open-ended questions in order to learn more about the transition into practice but also your experience before becoming a FNP. Your participation in this survey is completely voluntary and you may choose to end the survey at any time with no negative consequence to you. The survey will take less than 15 minutes of your time and attention. The completion of your survey indicates your willingness to participate in this research study. Once you have completed the survey, the primary investigator will not be able to redact your responses from the data; however, these responses are completely confidential and unidentifiable. Research data collected from you will be anonymous.

Should you have any questions, concerns, or complaints regarding this research study, please feel free to contact Katelyn Anhut, kate.anhut87@gmail.com. If you have questions regarding your rights as a research participant, you may also contact Susan Loess-Perez, DePaul University's Director of Research Compliance, in the Office of Research Services at 312-362-7593 or via email at sloesspe@depaul.edu. You may also contact DePaul's Office of Research Services if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.

You may keep (or print) this information for your records.

By completing the survey you are indicating your agreement to be in this research study.