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Communication, Leadership and Organizational Support Facilitates Successful Transition into Practice for Nurse Practitioners in the Emergency Department

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ABSTRACT

Background and purpose: Post-graduate programs, specialized academic programs, and national health organizations like the Institute of Medicine (IOM) have identified and begun addressing the gap in knowledge, skills and factors for successful transition into practice. The purpose of this study is to examine the relationships and differences among the personal and community resources which promote successful transition for Nurse Practitioners (NP) that practice in the Emergency Department (ED) and the skills or procedures they find difficult to perform independently.

Methods: A descriptive, correlational-comparative study design was conducted using an online survey administered to a convenience sample of NPs with 6 months to 5 years of experience as a NP.

Conclusion: Findings from this study identified the variable factors associated with successful transition and failures into practice and enforce possibility of positive outcomes for healthcare institutions, ED patients and NPs practicing in this specialty area.

Implications for practice: Literature demonstrates transition as a key concept in nursing. The scope of practice for NPs encompasses a greater reach in terms accountability and responsibility. To date, there is limited data addressing the NPs perception of the transitional experience and factors related to successful transition in specialty practice. Support in transition recognizes recommendations set by healthcare organizations in promoting professional development, safe clinical practice, job satisfaction, and retention. Further study provides clarity in financial gains and improved patient health outcomes during a time in which complex disease processes and provider shortages continue to weigh heavily on society.

Keywords: nurse practitioner, emergency department, successful transition, transition into practice, specialty programs, skills.

Introduction

National organizations, including the American Association of Colleges of Nursing (AANC) and the Institute of Medicine (IOM) have called for well-skilled and advanced-educated nursing workforce to ensure patient safety and improve patient care (Harris, 2014). The IOM further recommends healthcare organizations take actions to support transition into practice programs for advance practice nurses to address recruitment, retention, expand competencies and improve patient outcomes (IOM, 2010). Nurse Practitioners (NPs) have the potential to positively impact the delivery of health in terms of improved patient care through safe practice guidelines (Evans, Campo, & Ramirez, 2018). Institutional gains through vestment of NPs that focus on transition can result in improvements in the following areas: patient outcomes, safe practice guidelines, retention rates, inter-professional collaboration, and professional development (Schofield & McComisky, 2015).

Further investigation into factors that influence NP practice including transition, can further identify knowledge gaps that can mitigate negative outcomes such as turnover or poor patient outcomes. Inquiry also supports initiatives recommended by the IOM and AANC as lack of institutional vestment in NP professional development and retention can result in high turnover, drain institutions of professional assets, and create substantial loss in financial profits for healthcare organizations already impacted by the rising cost of healthcare. To date, there is limited data regarding the transitional experience and factors associated with successful transition into practice for NPs in areas of specialized clinical practice like the Emergency

Department (ED). The purpose of this study is to examine specific factors associated with successful transition for NPs practicing in the ED.

Background:

Transition

Review of the literature demonstrates that transition into practice is a central concept in nursing. Strong support for transition into practice programs for new graduate nurses or novice NPs were represented by post graduate programs, fellowships, and transition into practice programs. (Dillon, Dolansky, Casey & Kelley, 2016; Kells, Dunn, Melchiono & Burke, 2015; Schofield & McComiskey, 2015; Taylor, Broyhill & Burris, 2017). Transition has been defined as a series of stages where there is a passage from one stable state to another stable state (Meleis, 2009). The Meleis Middle Range Transition Theory was used to guide this research as it identifies the process and resources that influence transition and lead to outcomes (Meleis, 2009). Meleis identified transition is a central concept in nursing as it provides understanding for a process while identifying gaps or vulnerable points during periods of transition (Meleis, Sawyer, Im, Messias & Schumacher, 2000; Schumacher & Meleis, 1994).

Facilitators and inhibitors of transition include personal, community, and societal influences with global outcomes (Meleis et al., 2000). Recent research measures successful transition through reports of increased confidence, demonstrated competence, patient safety, organizational support, effective communication and leadership, and professional satisfaction (Barnes, 2015; Dillon et al, 2016). Unsuccessful transition can be reported as lack of confidence, negative emotions, poor patient care or demonstration of skills, dependent practice and poor retention (Barnes, 2015; Morphet, Kent, Plummer & Considine, 2016; Widney & Cullen, 2018

The model was initially adapted from Meleis Middle Range theory to address the factors associated with successful transition into practice and outcomes for Nurse Practitioners in the ED (see Figure 1) (Dillon et al., 2016, Meleis, 1975). The model corresponds to the current study indicators by identifying the personal and community resources, skills and procedure performance and successful transition. Factors related to personal resources are identified as stressors and prior years of experience as a nurse in the ED or Intensive Care Unit (ICU). Community resources are identified organizational support and effective communication and leadership. Successful transitional outcome variables are measured by comfort and confidence, patient safety and professional and job satisfaction.

Nurse practitioners in the ED require special skills and unique knowledge base to provide safe and high-quality care to the variable, complex and ever-growing ED patient population (Evans, Campo & Ramirez, 2018; Keough, Tell, Andreoni & Tanabe, 2016). To address the learning needs in emergency specialty practice, graduate and post-graduate programs continue to proliferate across the country. The number of academic ENP programs were estimated to double from 2017 to 2018 in addition to 18 post graduate emergency care programs in the United States (US) (AAENP, 2020). Despite the growth in adjunct emergency care education and training, there is limited research examining transition into practice for NPs in emergency care. Literature review targeting NP transition to practice in emergency care focuses on the need, support, development, standardization and implementation of Emergency Nurse Practitioner (ENP) academic programs and emergency care post-graduate programs (Evans et al., 2018; Keough et al., 2016; Varghese, Silvesteri & Lopez, 2012, Wilbeck et al, 2018).

The demand for healthcare providers in emergency care has also been addressed by Physician Assistants (PAs) who practice in the ED with similar scope of practice depending on

state and institution guidelines. Many emergency care post-graduate programs enroll both NPs and PAs (AAENP, 2018) and addressed the knowledge gap and skill deficit for these two professional populations with their varying academic backgrounds and clinical experiences. Currently the only advance-practice certification program which requires a universal knowledge base and clinical experience before academic acceptance, certification, and practice is that of Certified Registered Nurse Anesthetists (CRNA). This research informs post graduate programs in emergency care for NPs and PAs insuring equal opportunity for successful transition into practice.

Implementing research findings related to NP transition can impact direct organizational policy, improvement of patient care and outcomes, influence professional growth and satisfaction, and overall encourage institutional recruitment and retention (Rudy & Wilbeck (2017); Scholtz, King & Kolb (2014); Taylor, Broyhill, Burns & Wilcox (2017). Rudy & Wilbeck (2017) found a savings of \$1,098,240, calculated return on investment (ROI) of 8.85%, with a 13% decrease in turnover and an 89% increase in retention rate related to a year-long post-graduate Emergency Nurse Practitioner post- graduate program.

Over the past 15 years, there has been a 44% increase in visits to the Emergency Department (ED) in the United States (US) with nearly 146 million visits in 2016 (Rui, Kang, & Ashman, 2016). Issues like access to care, shortages in emergency physician workforce, and an aging population have contributed to the ongoing trend in ED utilization (Keough et al., 2016). To address the demand in workforce needs, utilization of NPs and PAs in the ED have grown (Evans et al., 2018; Wu & Darracq, 2020). Despite that amelioration, the past decade has shown a continued rise in turnover rate to nearly 5% in healthcare providers with NPs contributing 11% (National Healthcare Retention and Registered Nurse Staffing Report, 2019).

The cost of turnover is two times the annual salary of a position, this financial loss creates drain in both professional assets and financial profits (Clark & Springer, 2012; National Healthcare Retention and RN Staffing Report, 2019). Hospitals which perform poorly in retention spend an average of \$3.6 million more compared to facilities that emarginated higher retention rates (Dillon et al., 2016). It is important that institutions implement policy focused on understanding staffing trends and programs that support NPs in effort to avoid depletion of these economical and intellectual assets.

Objectives for the study addressed the following questions: (1) what are the relationships among personal resources and community resources and successful transition and outcomes, (2) what are the differences in personal and community resources and successful transition between NPs in the ED with 0-3 years of experience as a Registered Nurses (RN) in critical care, ICU and or ED compared with those with more than 4 years of experience as a RN in critical care (ICU/ED), and (3) what are the skills or procedures NPs practicing in the ED found difficult to perform independently. The study was replicated from a study conducted by Dillon et al, (2016) that investigated similar factors related to transition into practice for Acute Care Nurse Practitioners (ACNP). Replication helped to strengthen credibility, dependability and transferability of the content as it relates to transition to practice in specialized areas of practice for NPs.

Method

Design

Factors related to transition into practice for NPs in the ED were examined using a convenience sample and cross-sectional research design. Following approval from the Institutional Review Board (IRB), an online survey using the Qualtrics survey platform allowed participants the

option of completing the survey either via cellphone or computer. A descriptive correlation-comparative method was used to describe relationship among variables versus support-inferences of causality.

Sample

Participants were recruited from clinical administrations of ED NPs from Chicagoland healthcare institutions and a convenience sample of verified members from Emergency Nurse Practitioner social media groups. A sample of 11 Chicago and Chicagoland healthcare institutions were invited to participate based on a variety of similar characteristics such as level of patient acuity and similar NP practice design and scope of practice. To meet inclusion criteria, participants must: (1) be Board Certified Family or Acute Care Nurse Practitioner, and (2) practice as a NP in the ED with 6 months and less than 5 years of in the ED.

Instrument

To date there are no known instruments for evaluating the factors related to successful transition for NPs in the ED. Previous instruments used to evaluate transition into practice for RNs and NPs in the ICU were adapted for this study (Casey, Fink, Krugman & Probst, 2004; Dillon et al, 2016; Fink, Krugman, Casey & Goode, 2008). Prior survey distribution, permission and letters of support were granted by Drs. Casey, Fink and Dillon to use the tool for this study to evaluate the same constructs in evaluating transition into practice for NPs in the ED. To maintain content validity, the modified survey instrument for NPs in the ED, context experts with an average of 15 years of experience as NPs practicing in the ED, were recruited to confirm content validity of at least 0.80 (CV=0.80) for survey.

The procedure list acquired from the American Academy of Emergency Nurse Practitioners (AAENP, 2018) were procedures identified as pertinent to NP practice in the ED.

It is not exhaustive of skills identified in practice analysis but represents procedures applicable across broad clinical settings. Performance of the procedures may be infrequent but knowledge to recognize the need for identified procedures to prevent harm is necessary (AAENP, 2018).

Procedure

Recruitment of participants were conducted using two formats: (1) Formal requests were submitted to administrators of the Emergency Nurse Practitioner group social media sites with approval to post the informational sheet and survey, and (2) Distribution by ED NP administrative directors of up to 11 healthcare institutions. Identification of the healthcare institutions was based on their employment of NPs, scope of practice and similar patient population. Administrative directors provided support and distribution of the survey link and information sheet provided by the investigator to participants based on inclusion criteria to minimize bias and maintain anonymity of the investigator. Voluntary consent was noted with completion of the survey. Confidentiality was assured and no participant personal identifiers or email addresses were linked to the survey. Survey data were collected from August 2019 to January 2020.

Statistical Analysis

Data were analyzed using IBM Statistical Package for Social Sciences (SPSS) version 25. Participants that completed responses were included in the data. Descriptive statistics were used to analyze the data characteristics and completeness. The research questions were examined using bivariate correlations statistics and parametric tests.

Results

A description of the demographic variables is displayed in Table 1. The study sample presented includes only complete survey respondents, a total of 119 participants from 41 states. Eight

percent (n=10) of the participants identified as 20-29 years, 57% (n=68) were 30-39 years old, 24% (n=29) were 40-49 years, and 10% (n=12) 50-59 years. A predominant number of women participated, 82% (n=98), compared their male counterparts 18% (n=21). One-hundred and eight (92%) identified themselves as white, followed by Hispanic 4% (n=5), Asian 3% (n=4) and there were no Black participants in terms of ethnicity. Most participants held a Master of Science in Nursing (MSN) degree, 91% (n=108) and 11% (n=13) held a Doctorate in Nursing Practice (DNP).

Board certifications for NPs are not mutually exclusive and may show overlap in the data collected. Most the sample held board certifications as Family Nurse Practitioners (FNP) 92% (n=110), followed Emergency Nurse Practitioners (ENP) 18% (n=21), Adult Gerontology Acute Care (AGAC) 15% (n=18), Other 3% (n=3), and Adult Primary Care 1% (n=1). Twelve percent of participants (n=14) reported completing an academic ENP program versus 88% (n=105) that did not complete a program. Nine percent (n=11) participants reported completing a post graduate emergency nurse practitioner program compared to 91% (n=108) that did not. A majority of the sample, 71% (n=85), had more than 4 years of RN experience either in the ICU or ED followed by 13% (n=16) with 2-3 years of experience, and 8% (n=9) for those with 1-2 years or 0-1 years of experience.

Seventy-seven percent (n=91) of the respondents did not have any prior experience as a NP in another specialty before working to the ED versus 24% (n=28) that came from another specialty area. Of those sampled, 87% (n=80) had 0-1 years, 12% (n=11) had 1-2 years, and 1% (n=1) had 2-3 years of NP experience before working in the ED. Participants with prior NP experience in other specialty areas before coming to the ED reported the following areas: adult critical care 10% (n=8), family primary care 9% (n=7), adult in-patient medicine 7% (n=6), adult

primary care 4% (n=3), and ambulatory or retail care 4% (n=3). Twenty-two percent (n=13) of the respondents were still undergoing an orientation into the ED as NPs at the time of completing the survey. Twenty Three-fiver percent (n=20) had an orientation lasting 17-23 weeks, 26% (n=15) with 24+ weeks and 7% (n=4) had either 13-16 weeks or 8 weeks or less, 3% (n=2) had 9-12 weeks.

The relationships between personal and community resources and successful transition are listed in Table 2. Statistically significant inverse correlations ($p \leq 0.01$) were found among stressors and patient safety (pearson's $r = -0.315$) and job satisfaction (pearson's $r = -0.0329$). What this means is that participants who reported higher levels of personal stress felt lower job satisfaction, and felt that patient safety was more at risk. Statistically significant positive correlations ($p \leq 0.01$) were found between organizational support and comfort/confidence (pearson's $r = 0.487$), patient safety (pearson's $r = 0.520$), professional satisfaction (pearson's $r = 0.587$), and job satisfaction (pearson's $r = 0.657$). In other words, as more organizational support is offered, participants perceive a greater level of success in transition into practice. This was also seen in the positive correlations with statistical significance ($p \leq 0.01$) found between communication and leadership and all successful transition constructs including: comfort and confidence (pearson's $r = 0.800$), patient safety (pearson's $r = 0.708$), professional satisfaction (pearson's $r = 0.407$), and job satisfaction (pearson's $r = 0.402$). There were no statistically significant correlations between years of experience as an RN in the ICU/ED or years of experience as an NP and measures of successful transition. Additionally, there were no correlations between personal stressors and comfort and confidence, as well as personal satisfaction, successful transition measures.

No statistical differences between participants with 0 to 3 years of RN experience and those with more than 4 years of RN experience in the ICU/ED in relation to successful transition (Table 3). Subscales reflect the participants that completed all the questions associated with each given measure. No statistical significance found in t values. Of the 65 identified skills and procedures were identified as difficult to perform (Table 4). There were 86 participants who completed the portion of the survey. Categories were not mutually exclusive as participants could select up to 3 skills or procedures found to be difficult to perform. The skills or procedures most identified as difficult to perform include lumbar puncture 12 (14%), arthrocentesis 9 (10%), violent patient management 9 (10%), pain management 9 (10%). Additional skills and procedures identified with relative frequency included: gastrointestinal tube replacement, paracentesis, thoracentesis, and radiology interpretation.

Discussion

The aim of this study was to examine the specific factors associated with successful transition into practice for NPs practicing in the ED. It adds to prior research investigating relationships between elements of personal (stressors, years of experience as RN in ICU/ED and years of experience as an NP in another specialty) and community resources (organizational support and communication/leadership) that influence successful transition (comfort/confidence, patient safety, professional satisfaction and job satisfaction) and outcomes, and the skills or procedures NPs working in the ED find difficult to perform independently. Similar to prior investigations, our study found no statistically significant association between transition and prior experience as RNs in the ICU/ED (Barnes, 2015; Dillon et al., 2016), nor any relationship between NPs with prior experience in other specialty areas and transition into the ED workplace. Significant correlations were found between both community resources and all measures of successful

transition. New findings showed personal stressors, specifically personal relationships and job performance, had a negative impact on patient safety and job satisfaction.

The literature suggests that organizations that promote transition may benefit practitioners by supporting socialization, self-efficacy and organizational knowledge that can influence job performance, satisfaction and retention (Ruby & Welbeck, 2017). A majority (61%) of the respondents in the study reported orientation to their position in the ED lasting at least 17 + weeks versus those that had less than 4 months (17%). An extended orientation can represent the strong correlation between the community resources of organizational support and effective communication/leadership and successful transition into practice for these NPs in the ED. Although specific orientation content was not investigated, this research did show that a majority felt confident in their communication with physicians and families and (89%) participants felt prepared to complete their job responsibilities after orientation.

The study identified specific measures of successful transition that included patient safety, professional satisfaction, and job satisfaction. Under these measures, many respondents felt confident in such things as completing a timely history and physical (97%), formulating (90%) and prioritizing differential diagnosis (81%). Most did not feel overwhelmed by their workload (60%) or felt that they may harm the patient due to their lack of knowledge or experience (76%).

Although we did not look specifically at retention as an outcome, research has shown that community resources such as organizational support influence retention and other outcomes. Dillon et al., (2016) found an inverse relationship between community resources and retention. In a single institutional study looking at a 12-month specialty program, Taylor et al., (2017) found an 80% employment retention rate, a decrease in turnover rate and recruitment cost, improved clinical knowledge, enhanced institutional socialization, and observed professional

vestment. In our study, a majority of participants felt they worked well within an interdisciplinary team (100%) while (84%) felt satisfied in their chosen nursing specialty and felt their work was exciting and challenging (93%). Aspects of the job that seemed to pose interest included an estimated half were satisfied with salary (49%), work hours (57%), and felt they had educational (43%), and professional networking (45%) opportunities.

Participant top responses to the skills or procedures they felt uncomfortable performing independently included lumbar puncture, arthrocentesis, violent patient management, and pain management. Variability in the skills or procedures identified as difficult to perform are dictated by those procedures participants are credentialed to perform at their specific institutions of practice. Identification of the most difficult procedures involve technical procedures with possibly infrequent opportunities to perform during clinical rotations, simulation or orientation.

Pain and violent patient management were also top leading skills or procedures participants found difficult to manage. Both topics reflect current concerns surrounding the opioid crisis and reduction in mental health resources. The opioid crisis is a multifaceted problem that requires a consortium approach including education on prescription reduction, polypharmacy, and screening for substance abuse. Despite CDC guidelines and prescriber efforts to reduce opioid prescriptions up to 12% in 2018, opioid deaths are still on the rise (Snodgrass, 2019). Since 2006, the number of patients presenting to EDs with a psychiatric chief complaint has increased more than 50% with 1:8 ED visits involving a psychiatric emergency (Zeller, 2018). Limited psychiatric health care providers and reduced numbers of inpatient psychiatric beds contribute to extended length of stay in the ED ranging from seven to 34 hours in the US (Zeller, 2018). Research suggests that implementing appropriate, emergent psychiatric therapy by the specialty teams or ED teams who assess and provide stabilizing interventions, can

contribute to reduce boarding times, mitigate hospitalization costs, and provide access to care for this population (Zeller, Calms & Stone, 2014). Further investigation into the curricula that centers on management of pain and mental health disorders at the academic, post graduate, and transitional emergency care programs may help to further bridge the knowledge gap identified by participants in this study, while addressing the current needs of emergency care providers and patients within these populations.

Our study showed roughly half of participants felt they had professional and educational opportunities, and less than half (29%) felt they had opportunities for professional advancement. Such initiatives provide evidence based patient care guidelines, reduce health care cost through improved professional talent recruitment and retention, and maintain the high standards set by NPs to deliver high quality, cost efficient and evidenced based care to patients throughout the lifespan continuum. As NPs, it continues to be our responsibility to identify, develop, and promote opportunities for professional growth and investment to maintain relevance as one of the fastest growing healthcare providers. Identification of difficult procedures can further address areas that institutions and academic arenas may recognize and help facilitate further training and contribute to research supporting simulation training for procedure based skills for NPs. Orientation programs that help facilitate transition into practice have the potential to influence patient safety, job satisfaction, professional satisfaction and retention. Kells et al., (2015) described how post graduate transitional programs contribute to NP practice through workplace collaboration, skill refinement, mentoring, and community engagement while also supporting the IOM initiative to create programs and support programs for NP and improve patient care outcomes.

The role for NPs practicing in ED has evolved to meet the changing healthcare climate and provide safe accessible patient care. For over a decade emergency physicians and NP leaders and educators have advocated for dedicated academic NP programs. These actions are to ensure preparation for ENPs are adequate to provide safe care and meet the needs of a population whose needs range from low acuity to life-threatening conditions, and spans across the entire social gamete in terms of economic status, gender and age (Wilbeck et al., 2018).

There continues to be a strong campaign to establish standardized emergency care curricula that is built on the foundation of academic NP programs. Research investigating emergency NP post-graduate programs support the value and need in facilitating transition into practice but also recommended standardization and ongoing evaluation of post-graduate programs to better understand the impact of measures like performance, confidence, and satisfaction (Ruby & Welbeck, 2017). Standardized programs align academic curricula, practice standards, and competencies for ENPs established by national organizations like the Emergency Nurses Association (ENA), American Academy of Emergency Nurse Practitioners (AAENP), and the National Organization of Nurse Practitioners Faculties (NONPF) in collaboration with emergency care colleagues like the American College of Emergency Physicians (Wilbeck, Evans, Schumann, Ramirez, Tyler & Agan, 2018). Established specialty competencies provide structure that delineates standards that guarantee sufficient student proficiency while Entrustable performance activities (EPAs) represent demonstrated tasks appropriate for clinical use that reflects competency (Wilbeck et al., 2018).

Utilizing standardized guidelines for post graduate fellowship programs in emergency care, that include both NP and PA training also provide a more homogenous pool in which to select and employ the growing number of these emergency care providers. It provides full

transparency to the content, clinical care expectations and training of emergency care providers in addition to their foundational training (Wilbeck et al., 2018).

The American Association of Nurse Practitioners (AANP), in recognition of the growth in specialty practice groups created Specialty Practice Groups (SPGs) to include an Emergency SPG in 2018. Similarly, NONPF also developed Special Interest Groups (SIGs) to facilitate networking and sharing specialty educational resources with an Emergency SPG also in 2018. Together with the AAENP, leaders in these coalitions continue to work collaboratively to implement practice based research that provide standardized guidelines, and resources, to evaluate and promote appropriate and science based curricula needed within the scope and standards of practice for emergency care NP (Evans, Hoyt, Wilbeck, Schumann, Ramirez, Tyler, & Agan, 2018). Emergency NPs continue to collaborate with diverse stakeholders to establish research, education, policy and practice that ensure nurse practitioners in the ED are prepared to lead and provide access to care that aligns with the changing needs of the healthcare system.

This study adds to the literature as a unique study investigating factors associated with successful transition to practice for NPs in the ED. However, this study is not without limitations. With a predominantly white and female study sample, we were unable to generalize our findings to transition for NPs of diverse backgrounds with regards to ethnicity, race and gender. In addition, utilization of an online survey platform poses challenges in navigating through the measure and recording responses accurately. Finally, the self-report nature of this data is a limitation as individual recall of previous transition to practice in the ED may be variable.

Despite these limitations, there are several important strengths to this study. First, we use previously validated items as the basis for our data collection instruments. Second, we examine a

little-known area of research; the transition of NPs to practice in the ED. When hospitals and healthcare systems are looking to both lower costs by retaining staff and improve patient safety, the present study offers insight into the factors related to NPs transitioning successfully into practice in the ED. Third, our participants are NPs who have less than five years of NP practice, which may indicate that the issues and barriers these individuals report are the ones they face currently, as relatively new members of EDs. Finally, our sample was geographically robust; participants were located in 41 states. The issues they report are relevant for EDs nationally, suggesting that future improvements to transition to practice may require national or multi-state efforts.

Further investigation into orientation and performing a comparative design would allow evaluation of different variables over a period time. Although this study did not explicitly look at retention, further research examining related constructs may add to discussion in terms of professional and job satisfaction, institutional cost and patient safety. Study examining different strategies that facilitate transition, education or institutionally based professional development programs may address issues of recruitment and retention or talent. Further investigation can evaluate alternative learning modalities, such as simulation or content webinars, and how each method contributes to Competency-based education (CBE) objectives and EPAs.

Conclusion

The importance in transition continues to be relevant as the scope and standards of practice for NPs in specialized areas evolve and provide access, affordable and safe care in a challenging healthcare climate. Identifying factors that influence successful transition can help to provide insight on factors that help influence key elements in healthcare delivery including

patient safety, professional satisfaction, and employee retention that have a significant impact on the bottom line in terms of patient care outcomes, health promotion, and industry cost.

Identifying factors that can support ongoing improvement for nurse practitioners through specialty specific education, skill development, innovate forms of care delivery, career advancement or research can have a widespread impact on how healthcare can be delivered.

Innovative approaches to help in role transition for NPs continue and have found positive influences on transition (Thompson, 2019). Continued study and efforts must be made to provide evidence that supports NP vestment and development in collaboration with industry leaders and healthcare care colleagues. The growth in sub-specialty areas like in emergency care reflect the demand for providers and related to decreased numbers of physician providers despite the increased need. To complement patient care demands, practitioner focus and industry needs, educators and institutional leaders continue to create educational focus models for site-specific specialty tracks that focus on developing practitioners that best address areas of interest while addressing population healthcare needs.

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Study Model



Figure 1: Adapted study model: factors related to successful transition into practice for Nurse Practitioners in the Emergency Department.