

**ROLE TRANSITION:
FROM NURSE TO NURSE PRACTITIONER**

By

Laureli Marie Scribner

**A Project submitted in partial fulfillment
of the requirements for the degree**

of

Master of Nursing

**MONTANA STATE UNIVERSITY
Bozeman, Montana**

July 2002

P378
Ser 315

APPROVAL

Of a project submitted by

Laureli Marie Scribner

This project has been read by each member of the project committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

Dr. Vonna Branam

Vonna Branam
(Signature)

6-15-02
Date

Approved for the Department of Nursing

Dr. Lea Acord

Lea Acord
(Signature)

6/17/02
Date

Approved for the College of Graduate Studies

Dr. Bruce R. McLeod

Bruce R. McLeod
(Signature)

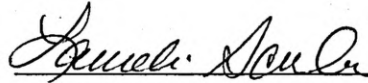
6-17-02
Date

STATEMENT OF PERMISSION TO USE

In presenting this project in partial fulfillment of the requirements for a master's degree at Montana State University, I agree that the Library shall make it available to borrowers under the rules of the Library

If I have indicated my intention to copyright this project by including a copyright notice page, copying is allowable only for scholarly purposes, consistent with "fair use" as prescribed in the U.S. Copyright Law. Requests for permission for extended quotation from or reproduction of this project in whole or in parts may be granted only by the copyright holder.

Signature



Date

06-17-02

iv
TABLE OF CONTENTS

1. INTRODUCTION.....	1
STATEMENT OF THE PROBLEM.....	1
PURPOSE OF THE PROJECT.....	6
SIGNIFICANCE OF THE PROJECT FOR NURSING.....	7
THEORETICAL PERSPECTIVE FOR THE PROJECT.....	8
DEFINITION OF TERMS.....	12
2. REVIEW OF LITERATURE.....	13
INTRODUCTION.....	13
ROLE TRANSITION THEORY DEVELOPMENT.....	15
ROLE TRANSITION IN OTHER FIELDS.....	20
ROLE TRANSITION IN UNDERGRADUATE NURSING.....	24
ROLE TRANSITION FOR THE NURSE PRACTITIONER.....	25
3. PROJECT DESIGN.....	29
INTRODUCTION AND BACKGROUND OF PROJECT DESIGN.....	29
PLANNING.....	31
Target Audience.....	31
DESIGN.....	31
Format of Booklet.....	32
Design of Booklet.....	34
EVALUATION.....	36
Method of Evaluation.....	36
4. PROJECT OUTCOME.....	38
INTRODUCTION.....	38
RESULTS OF THE PROJECT BOOKLET QUESTIONNAIRE.....	39
LIMITATIONS.....	43
RECOMMENDATIONS AND IMPLICATIONS.....	44
CONCLUSIONS.....	47
REFERENCES CITED.....	48
APPENDICES.....	52
APPENDIX A—EVALUATION FORM GIVEN TO NOVICE NURSE PRACTITIONERS.....	53
APPENDIX B—PROJECT BOOKLET: ROLE TRANSITION FROM NURSE TO NURSE PRACTITIONER.....	55

LIST OF TABLES**Table**

1. Itemization of Responses to the Evaluation Questions.....	40
--	----

ABSTRACT

When nurses become nurse practitioners, they leave a role they are comfortable with and venture into a new role with poorly defined expectations and responsibilities. In addition, there are few sources of information and support available to new or novice nurse practitioners. The purpose of this project was to provide novice nurse practitioners with information regarding the role transitions they will experience and offer ideas for finding support during this time. This project is significant to nursing since an increased understanding of role transition is believed to lead to a shorter adjustment period for the novice nurse practitioner. A shorter adjustment period leads to the nurse practitioner providing optimum care sooner.

Role transition theory was used as a theoretical basis for this project as it encompasses the key role concepts nurses deal with when becoming nurse practitioners. The nurse undergoing role transition has different needs at different stages. To address the needs of nurses during all stages of role transition, a booklet on role transition was developed. The booklet addressed not only the identified stages of role transition; entry, passage and exit, but also the concept of disengagement. The project booklet presented each stage or concept, examined the meanings of the stage or concept and provided suggestions for managing that stage or concept.

The booklet was distributed to novice nurse practitioners experiencing different stages of role transition. The novice nurse practitioners completed an evaluation regarding several aspects of the booklet. The responses from the evaluation were examined and conclusions drawn from them.

Conclusions drawn from the responses given in the evaluation included the following: the booklet was seen as helpful in managing role transition, the respondents felt that they had a better understanding of role transition as a result of reading the booklet and this understanding would aid them during professional practice. Recommendations include, continuing work to assess the effect of the project booklet on greater numbers of novice nurse practitioners over a longer period of time and the addition of course work addressing role transition during nurse practitioner education.

CHAPTER 1

INTRODUCTION

Statement of the Problem

Nurses leaving the comfort zone of a role they have been well socialized into and then assuming the ill-defined, multi-dimensional role of the nurse practitioner often face inconsistency, confusion, and ambiguity during the transitional period (Kelly & Mathews, 2001; Koelbel, Fuller, & Misener, 1991; Martin & Hutchinson, 1999). Because there are few nurse practitioners, role models may not be readily available to assist the novice nurse practitioner in coping positively with the many issues encountered during the role transition period (Koelbel, Fuller & Misener, 1999). In addition to lack of role models, there are few consistently available system resources to support the novice nurse practitioner during transition to the professional nurse practitioner role.

Many of the difficulties encountered in role transition for the novice nurse practitioner can be attributed to the educational process and the practice milieu into which the registered nurse has been previously socialized. Conventionally, decision making is hierarchical, with a physician at the top of the decision-making structure. Nurses traditionally produce and follow a care plan. In addition, nurses assess patients physically and psychologically. Although nurses carry significant

responsibilities, there is commonly someone other than the nurse (usually a physician) responsible for the decisions concerning the course of care and the patient outcomes generated by those decisions (Ligas, 1997). Campbell-Heider and Pollock (1987) state, "nurses accept the notion that only a physician can diagnose a health problem; they rely on the physician for decision making and reflect passive-dependent behaviors; the doctor is reinforced as the captain, and the whole process is so subtle that the rationale for this behavior is actually distorted" (p.423). When moving into the role of nurse practitioner, one of the major changes that the novice nurse practitioner must make is the move from follower of medical orders to issuer of medical orders. Attendant with this change is the acceptance of the responsibility that accompanies this new role. The nurse practitioner must learn to make life-altering decisions for clients and accept accountability for both good and bad outcomes of the decisions she or he has made. The nurse practitioner must find a way to transition into an independent practitioner if she or he is to be successful (Ligas, 1997). Models and strategies to ease this transition, as well as support systems to implement them, are often lacking for the novice nurse practitioner. Additionally, novice nurse practitioners and others, including family, friends, co-workers and educators, generally misjudge the magnitude of the change in thought that the role transition process requires (Ligas, 1997).

Major changes in role and responsibility for the novice nurse practitioner often contribute to a lack of confidence in the new role. Part of the difficulty in assuming the role of the nurse practitioner is the expectation of instant expertise in all

practice areas. In addition, novice nurse practitioners frequently feel guilty for not knowing the information they think they should know (Kelly & Mathews, 2001).

One nurse practitioner stated, "I felt like I had to prove myself, not only to me, but to them [the doctors] also. What happens if I give the patient something and he has a bad reaction, or he actually dies because I missed something I should have treated.[sic] That is kind of overwhelming..."(Kelly & Mathews, 2001, p.158).

Because of their baccalaureate nursing background, most nurse practitioners feel confident in health maintenance and health education. Given that, many novice nurse practitioners still report difficulty in feeling "real" or legitimate in the nurse practitioner role, in spite of considerable nursing experience, appropriate credentials, and two years of graduate studies in primary care (Brown & Olshansky, 1997). In addition, novice nurse practitioners initially have less confidence in management of episodic illness. This can be especially problematic because this is where much of their actual practice time might be spent.

Another issue that contributes to difficulty in role transition for the novice nurse practitioner is disagreement within the nurse practitioner community itself regarding the multidimensional role expectations of the advanced practice nurse (Kelly & Mathews, 2001). For example, Hupcey (1990) identified six behaviors of a master's prepared nurse practitioner including: change agent; researcher; leader/manager; teacher; evaluator of peers, nursing and healthcare; and utilizer of nursing theory. In addition, nurse practitioners are expected to excel in all the traditional roles of a baccalaureate nurse and possess advanced clinical skills that

enable them to provide primary health care to a variety of populations. Is it any wonder that novice nurse practitioners feel overwhelmed when faced with the multitude of requirements?

Medical administration has long acknowledged the need to support new physicians during the first few years of practice. For most clinically-oriented professions (such as doctors, dentists or clergy), there is a period of time after graduation, generally referred to as residency, during which the practitioners enjoy a protected state while they build their skills. It has been noted that, while in residency, new physicians achieve higher levels of confidence in their skills and abilities. Furthermore, physicians given this protected time were able to make accurate and systematic diagnoses sooner than those without an identified residency (Brown & Olshansky, 1997). It has also been acknowledged for some time that the existence of a support system and a period of protected time are essential for the novice nurse practitioner. However, there are few, if any, formal systems in place to provide the novice nurse practitioner with this much-needed support (Brown & Olshansky, 1997; Hayes, 2001; Hayes, 1994; Ligas, 1997; Stachura & Hoff, 1990).

Lastly, in order to fully embrace the nurse practitioner role, the novice practitioner must leave behind her or his identity of the conventional registered nurse role. She or he must transition to a role that incorporates medical, as well as nursing, functions. This often requires that the novice nurse practitioner assume a different and initially awkward relationship with former nurse colleagues and friends. Although many nurse practitioners believe their background in nursing has helped

them have a good foundation of confidence and ability to integrate knowledge, these same nurses reported the need to distance themselves from other nurses in order to establish their role as nurse practitioners (Kelly & Mathews, 2001).

In summary, it is accepted that novice nurse practitioners may experience ambiguity, confusion, and discomfort as part of the role transition from registered nurse to nurse practitioner. As part of role transition, novice nurse practitioners encounter key issues that they must grapple with in order to successfully fulfill their new role. By aiding the novice nurse practitioner with role transition, stress is reduced and personal and professional growth are improved. Assisting the novice nurse practitioner with role transition can be done by raising her or his awareness about the process, by educating her or him in what to expect during transition, and by providing suggestions for coping strategies to use during this time. All of these latter activities have the potential to facilitate the experience of role transition for novice practitioners.

Purpose of the Project

The purpose of this project is to provide novice nurse practitioners with a booklet to assist them in understanding role transition theory, the experiences commonly associated with role transition, and to provide suggested methods of coping with the challenges of role transition. This booklet is expected to lead to an enhanced level of understanding regarding the stages of transition, which will lead to a shorter adjustment period for the novice nurse practitioner (Kelly & Mathews, 2001).

Significance of the Project for Nursing

There are several current literature sources that identify unfamiliarity with the concept of role transition as a major source of difficulty in assuming the nurse practitioner role (Brown & Olshansky, 1997, 1998; Kelly & Mathews, 2001; Ligas, 1997; Lynn, McCain & Boss, 1989; Martin & Hutchenson, 1999; Meleis & Trangenstein, 1994; Schumacher & Meleis, 1994). During conversations with both colleagues and clinical preceptors, the issue of role transition from registered nurse to nurse practitioner is a constant and universal concern. It is believed that an increased understanding of the transitional process will support the required role transitions while decreasing the stress and time required to complete these transitions. Although difficulties with transitions are well-identified in the literature, there is little offered to the novice nurse practitioner to help increase understanding of the transition process. The booklet proposed is one way to address this deficiency.

Theoretical Perspective for the Project

The theoretical perspective for this project is derived from key elements of transition theory as developed by Chick and Meleis (1986) and refined by Schumacher and Meleis (1994). An additional concept important for registered nurses transitioning to the nurse practitioner role is that of disengagement. Disengagement is an identified stage of role socialization that overlaps with transition theory. Although the concept of disengagement is assumed in transition theory, it is discussed specifically for this paper.

Transition is defined as a dynamic movement between two relatively stable states. Transition is comprised of phases of entry, passage and exit, all of which require life pattern changes. Furthermore, transitions are inevitably tied to change and development (Chick & Meleis, 1986). Although transitions are a natural part of life, they are stressful and cause upheavals and disruptions (Brown & Olshansky, 1997).

Entry, the first phase of transition, begins with the anticipation of change (Kelly & Mathews, 2001). For example, when a registered nurse first contemplates going back to school, she or he has already begun the process of transition (Klaich, 1990). During this time, the aspiring student tries to conceptualize the future as a nurse practitioner. To support the registered nurse considering nurse practitioner education, expectations must be presented as clearly as possible. Expectations should be clear, not only regarding transitions for the duration of the educational program but

the social and professional transitions the person is likely to experience as a professional nurse practitioner.

During passage, the second stage of transition, there are many identified themes, one of which is disconnectedness (Chick & Meleis, 1986). One of the manifestations of this stage is feelings of disequilibrium, which is described as a disconcerting discrepancy between what was expected and what actually occurred. Another important aspect of the second stage of transition is a variety of patterns of behavior. Patterns of behavior encompass feelings of disorientation, distress, depression, anxiety, elation and happiness (Chick & Meleis, 1986). There are several important factors that influence the patterns of behavior. Meanings that are assigned to the transition, level of planning, the emotional and physical well-being of the person undergoing transition, her or his level of knowledge, and environmental resources and support, all influence patterns of behavior and their resolution (Schumacher & Meleis, 1994). The length of time a novice nurse practitioner remains in the stage of passage is extremely variable and may last through the first few months or years of practice (Kvale, & Romick, 2000). One of the most important factors attributing to success in the second phase of transition is adequacy of environmental resources and support. Although a broad category with many features, both personal and professional, the element found most important in environmental resources and support is the availability of role models, preceptors and mentors.

The final stage of transition is exit. During exit, there is a return to equilibrium. However, in the case of the novice nurse practitioner, the transition from

student to graduate nurse practitioner is generally a partial transition. Although novice nurse practitioners are leaving the academic world for the working world, they are generally not experiencing equilibrium. Novice nurse practitioners usually remain in the second stage of transition for some time after graduating, although they experience some aspects of the exit stage at graduation. For the novice nurse practitioner, the last stage of transition is more gradual, often lasting a year or two, and ending with the return of feelings of expertise and confidence. The task of exit, the last stage of role transition, is to recognize these feelings and enjoy the knowledge that transitions don't last forever. Role transition is a process, and the next time one is faced with it, she or he will traverse it with more comfort. Indeed, the more experience one has with successful transitions, the more success one can expect with future transitions.

In each phase of transition, there are tasks that must be completed to be able to leave that phase, but partial progression to the next phase is possible, and occupying more than one phase at a time is common. However, to move completely into the next stage, the previous stage of role transition must be completed (Mortimer & Simmons, 1978).

Although not expressly stated, disengagement, or exit from the old role, is an essential component of role transition theory. Complications in the transition to the nurse practitioner role often arise due to the novice nurse practitioner's difficulty in disengaging from her role as a traditional registered nurse. Most registered nurses are proud of their professional role and are unprepared for the emotions they encounter

when changing roles (Kelly & Mathews, 2001). For the novice nurse practitioner, learning how to disengage from the traditional role of the registered nurse while still maintaining the positive aspects of that role must coincide with embracing the more independent, assertive role of nurse practitioner.

Definition of Terms

A registered nurse, or traditional registered nurse, is defined as a baccalaureate prepared nurse who has been granted a license as a registered nurse. Nurse practitioners are also registered nurses. The novice nurse practitioner bases much of her or his knowledge and clinical expertise on the education and experiences accrued as a registered nurse.

The definition of a novice nurse practitioner includes both nurse practitioner students moving into the nurse practitioner role and nurse practitioners who are one to two years post-graduation from a master's degree nurse practitioner program.

Role transition is defined as a psychological process with stages and challenges that people experience in response to life change. It is cyclic, and a person can inhabit more than one stage at a time, become stuck in a stage or go back and forth between stages before completing the transition.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

The element of role transition is the most critical component of role socialization from registered nurse to nurse practitioner. This is because nurse practitioners are already socialized into the role of the registered nurse (Brown & Olshansky, 1997, 1998). However, there is little information in the literature on this transitional process. Kelly and Mathews (2001) posit that a “better awareness of the transitional process will lead to better understanding and a shorter adjustment period [to the nurse practitioner role]” (p. 161).

Lynn, McCain and Boss (1989) state that transition begins before the registered nurse enters the educational process and continues for at least a year or two into professional practice. Addressing role transition only during the educational process or just during the immediate entry into the nurse practitioner role would leave critical periods of role transition unexamined. By informing nurse practitioner students in the educational setting and novice nurse practitioners during their first two years of practice of the stages and challenges of transition, it is expected that the movement from registered nurse to nurse practitioner will be facilitated.

The following literature review begins by examining key issues related to role transition theory development in general, then moves to an overview of role transition issues in selected clinically-oriented practice disciplines. It will conclude with an examination of the available literature regarding role transition in nursing, including that of the nurse practitioner.

Role Transition Theory Development

Role transition theory is derived from role theory and was mainly utilized in the field of sociology in the past (Alutto, Hrebiniak, & Alonso, 1971; Brief, Van Sell, Aldag & Melone, 1979; Bucher, 1965; Kleinman, 1984; Kvale & Rommick, 2000; Mortimer & Simmons, 1978; Seeman & Evans, 1962; Shuval & Adler, 1979). As role transition theory has developed, there has been inconsistent and confusing use of terminology describing role transition. Sociologists have often referred to role transition as role acquisition, role taking or life transitions, among other terms. While several authors have acknowledged this confusion in terminology, at the present there are still several terms in common usage (Biddle, 1986; George, 1993; Thornton & Nardi, 1975). For the purpose of this project, the term role transition is used to describe a process involving entry, passage, exit and disengagement as the novice nurse practitioner moves through role transition.

Afaf Meleis, a nurse sociologist, has produced numerous publications over the years concerning role transition theory. Meleis has often presented role transition theory as a central conceptual framework for nursing diagnosis and intervention (Chick & Meleis, 1986). Meleis believes that transition theory can be used as the one uniting theory to explain what nursing does. Nursing assists people in transitions, whether these are transitions from one developmental stage to another or from life to death (Chick & Meleis, 1986). Meleis defined role transition by stating, "Role transitions require the person to incorporate new knowledge, alter his behavior, and

thus change his definition of himself in his social context” (Meleis, 1975, p.265).

Meleis usually presents role transition theory as a way for nurses to help patients deal with transitions in their lives.

In an extensive review of literature published between 1986 and 1992, Schumacher and Meleis (1994) examined and expanded on role transition in nursing but continue to focus on transitions as they affect patients and patient care. The authors identified four types of role transition relevant to nursing. The four types of transition identified included developmental, situational, health-illness and organizational. The type of role transition relevant to this project is situational role transition, which can be used to understand not only transitions in a person’s experience of health and illness but also transitions brought about by educational programs or changing professional positions.

Role transitions in general are identified as having three main components: entry, passage, and exit, as well as the concept of disengagement. Entry, the first stage of role transition, begins with the anticipation of life change. This is often a time of excitement and elation if the role transition is desired. The most important task during entry is to get accurate information on all aspects of the impending transition. The more accurate the information gathered and the more complete the planning and preparations accomplished during entry, the more stress-free the next stage of role transition will be. The work done during entry can positively or negatively affect the next stage of transition, which is passage (Bridges, 1991; Chick & Meleis, 1986; Meleis & Trangenstein, 1994)

Passage, the second stage of role transition, is the most prolonged. This is the period of time when the information gathered during entry is utilized. The tasks of passage include assigning meaning to the transition, maintaining or improving emotional and physical well-being, and searching out the environmental resources and support needed (Schumacher & Meleis, 1994). If the tasks of entry were not successfully completed, passage can be fraught with negative emotions. Some negative emotions fostered by lack of accurate information are insecurity, disequilibrium, disconnectedness and loss (Chick & Meleis, 1986; Kelly & Mathews, 2001). Even if accurate information during entry has been sufficient, persons experiencing transitions frequently experience negative emotions and wide mood swings. However, if well prepared for what to expect, people undergoing transition are more able to traverse negative emotions successfully.

In addition to securing accurate information, other factors that affect the degree of difficulty during the stage of passage are level of planning, emotional and physical well-being, and perhaps the most important aspect of passage, adequacy and accessibility of environmental resources and support (Schumacher & Meleis, 1994). Level of planning includes taking the information provided during entry and making realistic plans that will support the novice nurse practitioner as she or he moves through the stage of passage. Making plans for flexible childcare, hiring cleaning help, or moving to reduce living costs are all examples of realistic levels of planning. Emotional and physical well-being should be stable before beginning a nurse practitioner program and must be maintained during the long period of education and

the novice nurse practitioner period. Time management and planning time for rest and relaxation are essential. Finally, environmental resources and support are critical aspects of successful transition. Although there are several aspects of environmental resources and support for the novice nurse practitioner, availability and quality of role models, preceptors and mentors are the most vital factors. The novice nurse practitioner must learn how to access the resources and support available. If the support needed is not available, the novice nurse practitioner must be proactive in getting what is required. While the time needed to transverse passage is extremely variable, it often lasts two or more years after the nurse practitioner has started professional practice (Chick & Meleis, 1986; Kelly & Mathews, 2001; Schumacher & Meleis, 1994).

Exit, the last stage of transition, is characterized by a return of feelings of competence and equilibrium. Increased awareness of the transitional process and the tasks of each stage will lead to a shorter adjustment period and reduced stress for the novice nurse practitioner (Kelly & Mathews, 2001).

Although disengagement from the old role is not an identified stage of role transition theory, it is a thread running throughout both the stages of entry and passage and to a lesser extent, exit (George, 1993; Mortimer & Simmons, 1978). To be able to assume her or his new role, the novice nurse practitioner must be able to relinquish many of the roles of the traditional nurse. During the stage of entry, the novice nurse practitioner must examine professional relationships, anticipating leaving some, working to maintain others and forging new ones. Entry is a stage of

preparation, and the novice nurse practitioner must prepare for more independent practice. During the stage of passage, one of the common problems is a feeling of disconnectedness. This is a symptom of the beginning of disengagement, when connections are lost and new connections are not as yet established. If the novice nurse practitioner is to be successfully independent, he or she must disengage from his or her old role and old comfort zones and embrace his or her new role (Ligas, 1997). As an example, nurse practitioners can no longer depend on physicians to make diagnoses and direct the patient plan of care. It is no longer “they” who are making the decisions, it is the nurse practitioner, and the “difficulty in adapting to independent practice cannot be overemphasized” (Ligas, 1997, p. 124).

Role transition theory has only recently been examined as a mechanism to assist nurses in better managing the role transition experience they encounter as part of career changes. Starting in the late 1980s, role transition theory based on the work of Meleis and others has been applied to undergraduate nursing students and novice nurse practitioners to assist them in transitioning to new professional roles (Brown and Olshansky, 1997, 1998; Christman, 1991; Kelly & Mathews, 2001; Lynn, McCain & Boss, 1989; Ogle, Taylor, Dennis, Olivtieri & English, 1999; Schumacher & Meleis, 1994; Talarczyk & Milbrant, 1988).

Role Transition in Other Fields

For some time, role transition has been examined in the literature of other clinically-oriented fields. For example, a major study in Israel examined medicine, dentistry, pharmacy and nursing education (Shuval & Adler, 1979). The study was designed to assess several aspects of training, including successful role transition. The extent of change in role orientation exhibited by students towards their profession from the beginning to the end of their educational process was used to measure the success of their role transition. The more the students changed their role orientation from the beginning of their education to graduation, the more successful the transition. An assumption of the study was that students who changed role orientation the most were the most successful in role transition.

The study included a written questionnaire administered to 325 students in five different schools several times over their course of study. In addition, systematic observations of the students and the student culture were carried out several times over the six-year study period. Several instructors in each school were also included in the study to ascertain if the students' expectations paralleled the instructors. In addition, investigators assessed the consistency, accuracy and formality of the expectations expressed by the instructors.

The level of success of role transition was the greatest in the occupations that presented the expected role transition the most accurately, formally and consistently for the longest periods of time. The lowest successes were in the fields with the most

ambiguous goals and with the least formal presentation of role transition. The professions found to be most successful in role transition were medicine and dentistry. The least successful profession regarding role transition was nursing.

The possible reasons for nursing being the least successful were multifaceted. The duration of nursing education was the shortest of all professional studies, lasting four years. The nursing instructors were the least likely to agree on role transition goals. Moreover, there was no formal assistance for the nursing students in role transitions. An additional handicap found in the nursing program was the reliance on non-faculty preceptors. The investigators found that nurses employed at the hospital and used as non-faculty preceptors contributed to difficulty in role transition for the students. Hospital-employed nurses did not support the role transition goals of the faculty. Because of this, they were found to be a negative influence on the students in meeting the role transition goals as presented by the nursing school faculty. This study concluded that lack of clear objectives and expectations led to stressful and incomplete role transitions. Furthermore, the clearer the presented curricular objectives and the longer the time allowed for role transition, the easier and more successful the role transition was (Shuval & Adler, 1979).

Role transition was also studied in a large Midwestern seminary (Kleinman, 1984). The qualitative study looked predominantly at graduate students and faculty for six months. The investigator interviewed male students, female students, faculty members and administrators. Although Kleinman originally intended to study the shared experiences of the students, the interviews led her to change that approach and

examine the differences and difficulties experienced in the expected role transitions by gender. While male students did not find the role transition to becoming a minister ambiguous or difficult, the female students did. The reasons female students found the transition difficult included lack of role models and lack of preparation for dealing with gender issues. Although the faculty felt they were supportive of the female students, the study showed that they interacted with the female students in a biased way. The female students knew of this disparity and resented it. Both Kleinman and the female students hypothesized that the faculty often assumed that women who marry and have children are a bad career investment. The faculty was also unable to formulate plans to assist the female students in role transition to a nontraditional role (female minister). As found in the Israeli study, transitions were considered problematic because of a lack of clear expectations and a lack of institutional support systems (Kleinman, 1984).

Probably the most compelling research presented on role transition was done in a study of medical school graduates during their psychiatric residency (Bucher, 1965). The qualitative study consisted of 31 formal interviews with residents over four years. Additionally, the interviewer spent significant time with the residents in informal settings, such as coffee breaks and hallway conversations. Success in transitioning into the psychiatrist role was evaluated by the resident's verbalized commitment to the profession and clarity of vision of his or her future career. The residency program had a clearly-stated, formalized goal to present a single definition of the nature of the profession to the students. Included in the system's structure were

multiple role models so that each resident could find a role model who was a good match for his or her needs at the time. Also important in the systems structure were faculty members who presented a consistent definition of the role of the psychiatrist. In addition, there were many formal role transition opportunities for the student. One example consisted of steps throughout the residency period that acknowledged the changes the student was experiencing. By successfully completing each step, the resident was rewarded by increased responsibility and autonomy. This study clearly indicated that a formal, structured method of assisting the residents through transitional stages resulted in the least stressful role transition for the residents. However, it also resulted in little diversity or personalization of roles (Bucher, 1965).

Role Transition in Undergraduate Nursing

Studies on role transition in undergraduate nursing have generally focused on incomplete or inaccurate support systems for the student. Accurate information and adequate system support have been identified as essential aspects of successful transition (Mortimer & Simmons, 1978). A major contributing factor leading to lack of accurate information is the multiple paths of education for the undergraduate nurse (associate degree, diploma, and BSN) and the necessarily different role expectations associated with these different educational levels (Christman, 1991; Brief, Van Sell, Aldag & Melone, 1979).

In addition to Corwin (1961), Brief, Van Sell, Aldag & Melone (1979) found that nursing instructors often give inaccurate information to students. For example, faculty members were found to project an idealized version of nursing to students, which led to stress in role transition due to incorrect expectations. To address these concerns, Talarczyk and Milbrandt (1998) recommended providing accurate expectations by providing more realistic clinical rotations and an extended internship or orientation. By providing this system support, role transition stress would be reduced. Students who participated in an internship or had an extended orientation and thereby experienced a more accurate expectation of the nursing role had significantly decreased transitional stress (Bolye, Popkess-Vawter & Taunton, 1996; Dobbs, 1998).

Role Transition for the Nurse Practitioner

Within the last decade, role transition theory has been applied to the experiences of registered nurses returning to school for advanced degrees (Brown & Olshansky, 1997, 1998; Hupcey, 1990; Kelly & Mathews, 2001; Klaich, 1990; Lynn, McCain & Boss, 1989). Role transition theory is especially well suited to this population as it addresses the experiences of a person already socialized into one role but who is in the process of changing or transitioning into another role.

Klaich (1990) carried out a qualitative study examining the transitional experiences of graduate-level nurse clinician students in three different cohort groups. She interviewed her subjects to ascertain how they had changed, how these changes had affected their lives and what could have made these changes easier. Klaich (1990) found a positive correlation between the transitional theory and the experiences reported by all the cohorts of students. Highest positive correlations were found within the components of emotional growth, change in perspective, disequilibrium and loss. During the interviews, factors identified by the students to facilitate the transitional experience included information regarding what experiences to expect during role transition and how to negotiate these experiences.

An especially persistent finding in Klatch's (1990) study was the pervasive nature of the transitions in all aspects of the students' lives. This is compatible with role transition theory since transition in one aspect of life often affects many other areas. For example, marital stress is often experienced due to loss of the role of

income earner for the novice nurse practitioner. The spouse experiences attendant stress when assuming the roles the novice nurse practitioner is no longer able to perform (such as housekeeping or child care).

Although role transitions are not often formally addressed in the majority of graduate nursing programs, the nurse midwifery program at the University of California at San Diego (UCSD) has a formalized program in place. Hunter, Bormann and Lops (1996) published an article outlining the program at UCSD. The main element of the program was a formal class every semester in negotiating role transition. This class covered several issues, including what to expect as a practicing midwife, how to deal with the stresses of the midwifery educational program and role transition from registered nurse to nurse midwife. Anonymous written evaluations were collected each semester to assess the students' perception of the value of the classes. The novice nurse practitioners and faculty reported they found these courses very beneficial in easing role transitions and improving student performance (Hunter, Bormann & Lops, 1996).

Kelly and Mathews (2001) conducted a qualitative study using focus groups in which recent nurse practitioner graduates participated. Themes emerging from the focus groups correlated with several aspects of transition theory, including loss, disequilibrium, and gain in personal and professional growth. The major implication of this study was the importance of providing novice nurse practitioners with information regarding role transition. The optimum time for presenting this information was while the novice nurse practitioner was still in the educational

setting. In addition, Kelly and Mathews (2001) suggested that students and instructors maintain contact after graduation to facilitate support for the student in the first few months of her or his new position.

Brown and Olshansky (1997) conducted a qualitative study using a longitudinal exploratory approach in which they interviewed novice nurse practitioners at one month, six months, and twelve months after graduation. The interviews took place over two years with two different cohorts of graduates. Part of the findings was that novice nurse practitioners required more experienced nurse practitioners to guide them, validate their feelings and protect them from system deficits during the first two years of practice. During the discussion of results, Brown and Olshansky (1997) supported the concept of role transition as a framework for understanding the experiences of the novice nurse practitioner and guiding her or him in overcoming the difficulties of the first two years of practice.

In a second article by Brown and Olshansky (1998), they described the substantive theory, "From Limbo to Legitimacy," that emerged from their previous study in 1997. This theory presented factors the novice nurse practitioner needed in order to be successful in the first two years of practice. Brown and Olshansky's (1998) theory included four stages. The first stage was "Laying the Foundation," which included recuperating from school, looking for a job and worrying. The second stage was "Launching," which included the themes identified in the first few weeks of a new job. These themes included feeling like a real nurse practitioner, battling time, and dealing with anxiety. The third stage was "Meeting the Challenge."

In this stage, the novice nurse practitioner gained competence and confidence. She or he was also separating system problems from personal problems. The last stage was "Broadening the Perspective." This was the stage where the nurse practitioner was comfortable in her or his role and went on to expand expertise and work within the system. Included in this article were steps to understanding the role transitions a novice nurse practitioner experiences. In addition, several practical issues, such as negotiating time to become proficient and dealing with difficulties in the work environment, were addressed.

In conclusion, the review of literature confirms the importance of role transition theory, not only for the nurse practitioner but also for many clinically-oriented professionals. The literature also substantiates the position that facilitating role transitions produces quicker and less stressful adaptation to the role of nurse practitioner.

CHAPTER 3

PROJECT DESIGN

Introduction and Background of Project Design

In this chapter, the process of planning and designing the booklet on role transition will be presented. The original idea for a booklet concerning role transition was conceptualized during many informal discussions with novice nurse practitioners. The refrain of, "If I had only known...", was a recurrent theme in these discussions. The novice nurse practitioners identified several areas where they wished they had more preparation. In addition to several aspects of clinical preparation, the novice nurse practitioners expressed regret that they did not receive preparation for the new role they would occupy or for the psychological stresses they would encounter while acquiring that role.

Review of the available literature confirmed that lack of preparation for role transition is a universal concern, not only for novice nurse practitioners but also for other clinically-oriented fields (Alutto, Hrebiniak, & Alonso, 1971; Brief, Van Sell, Aldag & Melone, 1979; Bucher, 1965; Kelly & Mathews, 2001; Kleinman, 1984; Kvale & Rommick, 2000; Mortimer & Simmons, 1978; Seeman & Evans, 1962; Shuval & Adler, 1979). There are several universal concepts associated with lack of preparation for role transition, such as insecurity, disequilibrium, disconnectedness

and loss (Chick & Meleis, 1986; Kelly & Mathews, 2001). In addition, some of the specific concepts regarding lack of preparation for role transition for novice nurse practitioners are: lack of confidence, self-expectations of instant expertise, feelings of guilt for not meeting personal expectations, difficulty in feeling real as a nurse practitioner and difficulty in leaving old roles behind (Brown & Olshansky, 1997; Kelly & Mathews, 2001).

Since the experiences of the novice nurse practitioner parallel role transition theory, it became clear that role transition theory was the natural choice as a theoretical perspective for the project and development of the project booklet. In addition, several authors who examined issues related to the experiences of novice nurse practitioners used role transition theory, or closely related theories, as a conceptual framework (Brown & Olshansky, 1997; Kelly & Mathews, 2001; Schumacher & Meleis, 1994). Furthermore, researchers who examined these concerns believe that providing guidance to those undergoing role transition will decrease the stresses they experience and expedite the process of role transition (Brown & Olshansky, 1997; Kelly & Mathews, 2001). Since there are so few formal systems available to novice nurse practitioners to provide guidance during role transition, a booklet was developed to explain the process of role transition, provide assistance with understanding key concepts and serve as a guide for the transitional process. In addition, within the project booklet, examples of common scenarios associated with role transition were presented along with ideas for resolution of those scenarios for the novice nurse practitioner.

Planning

Target Audience

The target population for this project was novice nurse practitioners. It was assumed that the novice nurse practitioner is a baccalaureate prepared registered nurse in some stage of transition regarding her or his career as a nurse practitioner. A novice nurse practitioner may be a registered nurse who is returning to school to become a nurse practitioner. Additionally, a novice nurse practitioner may be in school, recently graduated or one to two years into professional practice. The stage of transition a novice nurse practitioner occupies may be entry, passage, exit, or some combination of those stages. In addition, the novice nurse practitioner may be dealing with the concept of disengagement within any of the stages of transition. In designing the project booklet, it was important to address the concerns of all these audiences.

Design

Format of booklet

The project booklet format was designed following the traditional stages of role transition—entry, passage and exit—with the addition of the concept of disengagement. After a brief introduction which explained the importance of understanding role transition, the first section of the booklet addressed the stage of entry.

Entry was chosen as the first subject because it was where most novice nurse practitioners begin the experience of role transition. The project booklet addressed the most common experiences surrounding the stage of entry. The most common experiences of entry consisted of decision making and information gathering. The primary task of entry is to gather accurate information to facilitate informed decision making. To that end, the first section of the booklet presented ideas and suggestions to assist the novice nurse practitioner in asking appropriate questions and making informed decisions. After an introduction to the concepts of the stage of entry, strategies were presented in a question and answer format to guide the novice nurse practitioner in finding the information that would assist her or him in decision making. For example, ideas explored in the booklet ran the gamut from why the registered nurse wants to be a nurse practitioner to how the novice nurse practitioner will deal with the responsibilities she or he will assume in her or his career.

Passage, the second stage of role transition, was addressed in the next section of the project booklet. As passage is the most complicated and lengthy stage of role transition, the project booklet addresses several of the most important issues to assist the novice nurse practitioner in successfully completing this stage of role transition. Some of the key concepts presented in the booklet addressed finding the personal meaning of role transition, maintaining emotional and physical well-being and obtaining and maintaining environmental resources. After this introduction to the concepts of passage, a question and answer format similar to the method used in the first section of the booklet was used to guide the novice nurse practitioner in understanding this stage of role transition. In this section, specific recommendations were made to help the novice nurse practitioner cope with the challenges of the stage of passage.

Disengagement was placed next, between the stage of passage and the stage of exit in the project booklet. Although not an identified stage of role transition, the concept of disengagement is a thread that runs throughout the experience of role transition. It was placed in this position because it is an important concept during the stages of entry and passage but less so during the stage of exit. The section on disengagement began with an introduction presenting the major components of the concept. Due to the gain and loss nature of disengagement, which emphasizes the appreciation that even in the most desired role transitions there is an element of loss, the project booklet presented some of the common gain and loss situations most pertinent to the novice nurse practitioner. This format was used rather than using the

question and answer format used in previous sections because of the unique gain and loss features of disengagement. Also included in this section were some options for the novice nurse practitioner for addressing the gain and loss situations she or he is most likely to experience.

The last section of the project booklet addressed the stage of exit. This section of the booklet looked at exit as an end to the role transition experience. Due to the fact that exit is a gradual experience that takes place over time, recognizing when the stage of exit is entered was the major focus of this section of the booklet. The stage of exit was explored in the project booklet through a discussion of some of the elements of the stage of exit, such as a return to feelings of competency and equilibrium. Clearly, the major event in the stage of exit is when the novice nurse practitioner finds her or himself feeling real in the role of primary care provider. To conclude this section, a short summary was presented explaining how role transition is often a recurring phenomenon and that the experience obtained during this role transition will make subsequent role transitions smoother.

Design of Booklet

Once the content of the project booklet was solidified, the design aspect of the booklet was addressed. Given the particular challenges of role transition, such as its persistence over a long period of time and changing meanings during different stages of transition, it was the author's decision to provide written material to the novice nurse practitioner. By having written material, the novice nurse practitioner will be able to refer to the information in the booklet as needed over time.

Because the target audience consisted of graduate-level learners, written material was deemed appropriate. Furthermore, to make the booklet flow well and be easy to read, a professional graphic designer was hired to design the layout of the booklet. Following the graphic artist's recommendation, the font used was twelve point, with black print on white paper. The booklet graphics and cover pages were in color but designed to transfer to black and white for more economical reproduction, if needed.

Evaluation

Method of Evaluation

The method of evaluation for the project booklet was an anonymous written evaluation. Evaluators from three different groups of novice nurse practitioners were chosen. The groups included novice nurse practitioners in differing stages of role transition. These particular novice nurse practitioners were chosen to get reactions to the project booklet from evaluators in the three identified stages of role transition: entry, passage and exit.

The written evaluation tool that was used to assess the booklet consisted of three statements using a Likert type rating scale for responses. The Likert type scale was rated from 1 (Strongly Agree) to 5 (Strongly Disagree). Additionally, there was an open-ended question requesting suggestions and comments (see Appendix A).

The statements included in the evaluation tool were developed to assess the usefulness of the project booklet. Areas of the booklet the statements were designed to evaluate included: assisting the novice nurse practitioner in identifying the stages of role transition, identifying the stages of role transition that the individual novice nurse practitioner was experiencing and adapting methods of successfully completing the identified stages.

The first statement, "I have a better understanding of what role transition is as a result of reading this booklet," was designed to assess whether the project booklet increased the general understanding of role transition theory. The second statement,

“The information presented in the booklet accurately describes MOST of the aspects of the role transition I am experiencing or have experienced as a novice nurse practitioner (student or new nurse practitioner),” was formulated to assess whether the booklet was describing the experiences of the novice nurse practitioner in her or his particular setting. The third statement, “I feel the information presented in this booklet will be useful to me in facilitating the transition into the nurse practitioner role,” was formulated to gauge the perceived usefulness of this booklet on role transition for the target audience. The open-ended question soliciting suggestions for how the project booklet could be altered or improved was formulated to address any reader concerns that had not been covered by the previous three statements.

CHAPTER 4

PROJECT OUTCOME

Introduction

The project booklet on role transition was developed using the major elements of role transition theory. The booklet began with an explanation of the stage of entry, which was then followed by a discussion of the stage of passage. Following the stage of passage, the concept of disengagement was presented. Finally, the stage of exit was explored, and the booklet concluded with a selected reading list. Included in each section was a general description of the experiences to expect during that stage. A question and answer section followed the introduction in the stages of entry and passage, with specific examples of the types of experiences to expect. In the section introducing the concept of disengagement, a gain and loss presentation followed the introduction. Finally, the stage of exit was explored. During the question and answer section of the stages of entry and passage and the gain-loss section of disengagement, strategies for coping with the presented experiences were offered.

Results of the Project Booklet Questionnaire

The role theory transition booklet was distributed to six novice nurse practitioners for evaluation. Two of the novice nurse practitioners were enrolled in but had not yet started a nurse practitioner educational program. Two of the novice nurse practitioners were in the second year of their nurse practitioner education, and the final two novice nurse practitioners were in their first two years of professional practice. The results of the evaluation are presented in Table 1.

The first statement of the project booklet evaluation was, "I have a better understanding of what role transition is as a result of reading this booklet." All the evaluators chose 2, indicating that they agreed with the statement but not strongly. There are several possible areas for speculation surrounding this finding. First, the evaluators may have had some previous theoretical knowledge concerning role transition. Therefore, the information in the booklet may not have increased their knowledge by an appreciable amount. Next, the evaluators may have wanted more information presented on role transition within the project booklet. Finally, the evaluators may have already experienced a successful role transition in the past and have first-hand knowledge of the subject; therefore, the information may have added to their knowledge but not by a great deal.

All respondents agreed that they improved their understanding of role transition as a result of reading the project booklet. Therefore, feedback on statement #1 supported the value of the project booklet.

Table 1

Itemization of Responses to the Evaluation Questions

Questions	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. I have a better understanding of what role transition is as a result of reading this booklet.	0	6	0	0	0
2. The information presented in the booklet accurately describes MOST of the aspects of the role transitions I am experiencing or have experienced as a novice nurse practitioner (student or new nurse practitioner).	4	2	0	0	0
3. I feel the information presented in this booklet will be useful to me in facilitating the transition into the nurse practitioner role.	3	3	0	0	0
4. What specific suggestions do you have for improving the booklet?	"Very attractive graphics" "Serves it's purpose" "Good topic, helpful for neophyte NP's"				

Statement #2, "The information presented in the booklet accurately describes MOST of the aspects of the role transition I am experiencing or have experienced as a novice nurse practitioner (student or new nurse practitioner)," received strong agreement from all the evaluators. This response confirmed that the information in the project booklet describing the experiences of role transition for novice nurse practitioners was accurately depicted.

The third statement, "I feel the information presented in this booklet will be useful to me in facilitating the transition into the nurse practitioner role." was used to assess the perceived usefulness of the project booklet. The responses to this question were equally divided into "Strongly agree" and "Agree." In each of the groups of respondents, there was one respondent who selected "Strongly Agree" and one who selected "Agree." Therefore, it appears there was no tendency to select one or the other response depending on the time spent in training or practice.

Nevertheless, all respondents reported that they thought the booklet would be useful in facilitating role transition during the novice nurse practitioner period. The response to this statement supports the need for role transition education for the novice nurse practitioner. In addition, it supports the usefulness of the booklet in providing understanding of role transition, including the stages and challenges the novice nurse practitioner can expect during role transition.

The last request for evaluation was an open-ended question soliciting suggestions for improving the booklet. Although there were some positive comments in response to this question, there were no suggestions. Speculation as to the reasons

for the lack of response is difficult. Perhaps there was a lack of time to respond to the questionnaire. Perhaps negative suggestions from the respondents would have been perceived as a lack of support for the author, or perhaps the booklet was seen as complete without need for improvement. Distribution of the project booklet to a greater number of evaluators might reflect which speculation is the most accurate.

Limitations

Due to time and geographical restraints, only six novice nurse practitioners evaluated the role transition booklet. It would be desirable to have more evaluators. Although there was positive feedback from the evaluators in the open-ended comment question, there were no specific suggestions for improvement of the booklet. This lack of feedback was somewhat surprising. If more novice nurse practitioners evaluated the booklet, there would likely be some suggestions for improvement. In addition, the novice nurse practitioners that evaluated the booklet were all from the same rural Montana area. A more diverse group may have had different input.

Additionally, it would have been of value to have veteran nurse practitioners with previous experience regarding role transition evaluate the booklet. Would this booklet have facilitated an easier role transition for them during their novice period? The person who has already achieved the desired role often knows what assistance is needed to reach that goal.

Recommendations and Implications

From the information synthesized during research and production of the booklet on role transition for novice nurse practitioners, it is clear that novice nurse practitioners would benefit from exposure to role transition theory. It is recommended that some sort of written presentation be made available to novice nurse practitioners at the earliest opportunity during their educational experience. Lacking that, exposure to role transition theory would still be of great value in the first two years of professional practice. The role transition booklet produced in this project fulfills the requirement of a written presentation on transition role theory at a reasonable cost, both in time and money for the novice nurse practitioner.

Next, it is recommended that the role transition booklet be distributed to a larger number of novice nurse practitioners over a wider geographic area for evaluation. By expanding the scope of evaluators, it is likely that the project booklet would be refined and improved.

Although the booklet was positively received by the novice nurse practitioners that evaluated it, it cannot be assumed that it actually facilitated role transition for the evaluators. Reevaluation of the booklet at subsequent periods of the novice nurse practitioners' development would assist in evaluating the booklet's usefulness in facilitating role transition. For example, having a novice nurse practitioner who evaluated the project booklet while experiencing the stage of entry reevaluate the booklet during the stage of passage could lead to an assessment of whether the

information in the booklet helped to facilitate movement between the stages of entry and passage. Then, continuing to have the booklet evaluated by novice nurse practitioners again after each stage of role transition would give a broader evaluation of the usefulness of the project booklet in each stage of role transition. Finally, a last evaluation by the nurse practitioner several years into professional practice could assess if opinions had changed about role transition or the usefulness of the project booklet in facilitating role transition.

A related recommendation concerns adding a course on role transition to the nurse practitioner curricula. The literature supports this action, including reports from one university that provides its students with a formal class in role transition each semester. Both the faculty and students reported that these courses were very beneficial (Hunter, Bormann & Lops, 1996).

Additional research regarding role transition and its effectiveness in facilitating the development of novice nurse practitioners is sorely wanting. It is recommended that longitudinal studies following the novice nurse practitioner through her or his education, novice period and several years into professional practice be conducted. It has been shown in a few studies that role transition education and support facilitates development for the novice nurse practitioner (Brown & Olshansky, 1997; Hunter, Bormann & Lops, 1996; Kelly & Mathews, 2001). However, more studies need to be done. In addition, it is not known if support during the novice period continues to assist the nurse practitioner in later

years. Are there differences between veteran nurse practitioners who received support and those who did not?

The major implication for nursing practice represented by the role transition booklet is to prepare novice nurse practitioners to assume the role of nurse practitioner in a positive, timely manner. Kelly and Mathews (2001) postulated that a better understanding of role transition would lead to a shorter adjustment period for the novice nurse practitioner. A shorter adjustment period could lead to the ability to provide better patient care earlier in the novice nurse practitioner's career. If novice nurse practitioners are better prepared regarding role transition, they may need to spend less time struggling with role transition and can instead focus on acquiring clinical skills. Additionally, providing novice nurse practitioners with written material in the form of a booklet will allow them to access information on role transition repeatedly as they transverse the different stages. By having a booklet to refer to, the novice nurse practitioner will be able to reread and extract different meanings associated with role transition at different times during the process. This is important as the stages of role transition take on different meanings during different times throughout role transition

Conclusions

The goal of the project, which was to provide novice nurse practitioners with a booklet to assist them in understanding role transition theory, the experiences commonly associated with role transition, and methods of coping with the challenges of role transition, was realized. Initial evaluation of the project booklet substantiates that it was positively received, useful and supported role transition for the novice nurse practitioner. Furthermore, the information collected in the review of literature supported the results obtained from the evaluation of the project booklet. In addition, evaluation of the booklet concurs with the literature that preparing novice nurse practitioners for the challenges of role transition smoothes the transitional process.

References Cited

Alutto, J. A., Hrebiniak, L. G., & Alonso, R. C., (1971). A study differential for members of one professional occupation. Journal of Health and Social Behavior, 12, (2), 140-147.

Biddle, B. J., (1986). Recent development in role theory. Annual Review of Sociology, 21, 67-92.

Bridges, W., (1991). Managing transitions: making the most of change. Reading, MA: Addison-Wesley Publishing Co.

Boyle, D. K., Popkess-Vawter, S., & Tauton, R. L., (1996). Socialization of new graduate nurses in critical care. Heart and Lung, 25, (2), 141-154.

Brief, A. B., Van Sell, M., Aldag, R. J., & Melone, N., (1997). Anticipatory socialization and role stress among registered nurses. Journal of Health and Social Behavior, 20, (2), 161-166.

Brown, M. & Olshansky, E. F. (1997). From limbo to legitimacy: A theoretical model of the transition to the primary care nurse practitioner role. Nursing Research, 46, (1), 46-51.

Brown, M. & Olshansky E. (1998). Becoming a primary care nurse practitioner: Challenges of the initial year of practice. The Nurse Practitioner, 23 (7), 46, 52-64.

Bucher, R., (1965). The psychiatric residency and professional socialization. Journal of Health and Social Behavior, 6, (4), 197-206.

Campbell-Heider, N., & Pollock, D., (1987). Barriers to physician-nurse collegiality: An anthropological perspective. Social Science Medicine, 25, (5), 421-425.

Chick, N. & Meleis, A. I., (1986). Transitions: A nursing concern. In P. L. Chinn (Ed.), Nursing research methodology (pp.237-258). Rockville, MD: Aspen.

Christman, L., (1991). Perspectives on role socialization of nurses. Nursing Outlook, 39, (5), 209-212.

Dobbs, K. K., (1988). The senior preceptorship as a method for anticipatory socialization of baccalaureate nursing students. Journal of Nursing Education, 27, (4), 167-171.

George, L. K., (1993). Sociological perspectives on life transitions. Annual Review of Sociology, 19, 353-373.

Hayes, E., (1994). Helping preceptors mentor the next generation of nurse practitioners. Nurse Practitioner, 19, (6), 62-66.

Hayes, E., (2001). Factors that facilitate or hinder mentoring in the nurse practitioner preceptor/student relationship. Clinical Excellence for Nurse Practitioners, 5, (2), 111-119.

Hunter, L. P., Bormann, J. E., & Lops, V. R. (1996). Student to nurse-midwife role transition process; Smoothing the way. Journal of Nurse-Midwifery, 41, (4), 269-76.

Hupcey, J. E., (1990). The socialization process of master's level nurse practitioner students. Journal of Nursing Education, 29, (5), 196-201.

Jacox, A. (1973). Professional socialization of nurses. The Journal of the New York State Nurses Association, 4, (4), 5-15.

Kelly, N. R. & Mathews, M., (2001). The transition to first position as nurse practitioner. Journal of Nursing Education, 40, (4), 156-152.

Klaich, K. (1990). Transitions in professional identity of nurses enrolled in graduate educational programs. Holistic Nurse Practitioner, 1990, 4, (3), 17-24.

Kleinman, S., (1984). Women in seminary: Dilemmas of professional socialization. Sociology of Education, 57, (4), 210-219.

Koelbel P., Fuller, S., & Misener, T., (1991). Job satisfaction of nurse practitioners: An analysis using Herzberg's theory. Nurse Practitioner, 16, (4), 43-56.

Kvale, J. K., & Romick, P. (2000). Using imagery for role transition of midwifery students. Journal of Midwifery & Women's Health 45, (4), 337-342.

Ligas, J. R. (1997). Experiences as preceptor to acute-care nurse practitioner students: One physician's view. AACN, 8, (1), 123-131.

Lynn, M., McCain, N., & Boss, B., (1989). Socialization of RN to BSN. IMAGE: Journal of Nursing Scholarship, 21, (4), 232-237.

Martin, P. M., & Hutchinson, S., (1999). Nurse practitioners and the problem of discounting. Journal of Advanced Nursing, 29, (1), 9-17.

Meleis, A. I., (1975). Role insufficiency and role supplementation: A conceptual framework. Nursing Research, 24, (4), 264-271.

Meleis, A. I. & Trangenstein, P.A. (1994). Facilitating transitions: Redefinition of the nursing mission. Nursing Outlook 42, (6), 255-259.

Mortimer, J., & Simmons, R. (1978). Adult Socialization. Annual Review of Sociology, (4), 421-454.

Ogle, K. R., Taylor, C., Dennis, D., Olivtieri, D., & English, R., (1999). Taking on the student role: How can we improve the experience of the registered nurses returning to study? Australian Critical Care, 12, (3), 98-102.

Schumacher, K. L. & Meleis, A. I. (1994). Transitions: A central concept in nursing. Image: Journal of Nursing Scholarship, 26, (2).

Seeman, M., & Evans, J. W., (1962). Apprenticeship and attitude change. American Journal of Sociology, 67, (4), 365-378.

Shuval J. T., & Adler, I., (1979). Health occupations in Israel: Comparative patterns of change during socialization. Journal of Health and Social Behavior, 20, (1), 77-89.

Stachura L., & Hoff, J., (1990). Toward achievement of mentoring for nurses. Nursing Administration Quarterly, 15, (1), 56-62.

Talarczyk, G., & Milbrandt, D., (1988). A collaborative effort to facilitate role transition from student to registered nurse practitioner. Nursing Management, 19,(2), 30-32.

Thornton, R., & Nardi, P. M., (1975). The dynamics of role acquisition. American Journal of Sociology, 80, (4), 870-885.

APPENDICES

APPENDIX A
EVALUATION FORM GIVEN TO NOVICE
NURSE PRACTITIONERS

Dear evaluator,

Thank you for reviewing this booklet on transition from registered nurse, to nurse practitioner. Please complete the evaluation below after reading the accompanying booklet. Thank you for taking the time to read the booklet and to complete this evaluation. If you have any questions please contact me at 252-1394 or walkingc@mcn.net. Please return this form to my mailbox by _____, or return in the stamped pre-addressed envelope provided. If you wish, I will be glad to pick the evaluation up at your home.

Thank you again, Laureli Scribner.

Year of education or graduation _____

Please circle the number/statement that best describes your response to the following comment about the pamphlet provided to you.

1 = Strongly agree 2 = Agree 3 = Uncertain 4 = Disagree 5=Strongly disagree

1. I have a better understanding of what role transition is as a result of reading this booklet.

1 = Strongly agree 2 = Agree 3 = Uncertain 4 = Disagree 5=Strongly disagree

2. The information presented in the booklet accurately describes MOST of the aspects of the role transition I am experiencing or have experienced as a novice nurse practitioner (student or new nurse practitioner).

1 = Strongly agree 2 = Agree 3 = Uncertain 4 = Disagree 5=Strongly disagree

3. I feel the information presented in this booklet will be useful to me in facilitating the transition into the nurse practitioner role.

1 = Strongly agree 2 = Agree 3 = Uncertain 4 = Disagree 5=Strongly disagree

4. What specific suggestions do you have for improving the booklet?
(Please feel free to use the back of this form)

APPENDIX B
PROJECT BOOKLET
ROLE TRANSITION FROM NURSE TO NURSE PRACTITIONER

Role Transition

***from* Nurse *to* NURSE PRACTITIONER**

A Guide for Novice Nurse Practitioners in
Meeting the Challenges of Role Transition



By Laureli Scribner MSN

Role Transition ***from* Nurse *to* NURSE PRACTITIONER**

Or

A Guide for Novice Nurse Practitioners in Meeting the Challenges
of Role Transition

How to Get There from Here



By **Laureli Scribner MSN**



You're either a nurse practitioner student or in your first two years of professional practice. You're busy, stressed and don't have time to read one more thing, so why should you take the time to learn about role transition? Because without understanding what you are going through right now, the role transition to nurse practitioner will be longer, more stressful and ultimately less successful.

All right, what is role transition?

Simply put, role transition is an internal response to an external change.¹ In other words, it is what happens to you when your life changes. It is how you adapt or adjust your inner self to changes in your life expectations, environment, and outside pressures.

How can understanding role transition help me?

As in most things in life, understanding what is going to happen and preparing for changes will make those changes less stressful, shorter and more successful. Think about trying to move yourself across the country without planning or preparing. Planning and preparing for the transitions you will experience during your nurse practitioner program and one to two years after graduation is similar in that the better the plan, the smoother the move.

O.K., what can I expect?

Transition has three major stages which we will explore in this pamphlet. The stages are entry, passage and exit. In addition, the concept of disengagement, an important part of role transition will also be explored. The first stage we will look at is entry.

"...without understanding what you are going through right now, the role transition to nurse practitioner will be longer, more stressful and ultimately less successful."



¹ Bridges, 1980



Entry

*750 miles of deep doo-doo ahead **or** know what to expect*

Entry is the first stage of role transition. If you are able to complete the tasks of entry, the other stages of role transition are greatly simplified. What are the tasks of entry? The primary task of entry is to obtain accurate information regarding the external changes you will experience during the novice phase of being a nurse practitioner. Using this information, you must form realistic plans. As you contemplate the external changes you will undertake, you must consider the internal changes, or role transitions, you will experience as a result of those external changes.

What will it really mean to you to change your role as a registered nurse and take on the extra responsibilities of being a nurse practitioner? How will you feel about leaving your job, your co-workers and the support they provided when you go back to school? How will it affect you to have to leave your support system once more when you leave the school environment? How will you deal with the often isolated practice situation? The main task of entry is to prepare yourself, not only emotionally, but mentally, physically, financially and socially.

"If you are able to complete the tasks of entry, the other stages of role transition are greatly simplified."

The following are examples of the tasks of entry, with some hints for managing these tasks.

- ? Why do I want to be a Nurse Practitioner?** You should give this question adequate time and thought. Talk to nurse practitioners, find out what to expect from this career path. Be sure this is really what you want before proceeding.
- ? Is this a good time in my life to make this change?** None of us lives in a vacuum. Do you have family responsibilities that will prevent you from succeeding in your new profession? How do the people in your life feel about change? Will they support you or resent this change?
- ? How is your physical health?** Will you be able to sustain great effort for the next three to five years?

? How will you pay for not only your education but for the first few years of practice when your income may be low?

Now is the time to examine your finances. Can you make it without your income as a registered nurse? Will you be able to work and go to school or work as a registered nurse until your nurse practitioner job pays adequately?

? How will being a nurse practitioner affect you socially?

Talk to nurse practitioners about this issue. Many nurse practitioners feel they lose a great deal socially, including connections with their registered nurse friends. There is also a loss of privacy that comes from being a primary care provider. How will you feel about being stopped in the grocery store by patients for an instant diagnosis?

? Are you able to negotiate assertively for your needs?

In your new role as a nurse practitioner, you will need to be able to be assertive and negotiate your job rather than apply for it as you did as a registered nurse. If this is not a skill you possess, what is your plan to acquire this skill?

? Are you able to make decisions based on available information and live with the negative and positive outcomes of those decisions?

Nurse practitioners must be able to make life-altering decisions, often without complete information. How will you cope with this? How will you cope with the responsibility of making correct diagnoses every time and the impossibility of achieving this goal?





Passage

Passage, the second stage of transition, is the longest and most complicated stage. Commonly this stage lasts through much of your education and one or two years into professional practice.

There are several tasks to master during the stage of passage. However, if the tasks of entry were successfully mastered, the tasks of passage will be much less demanding. One of the major aspects of passage is the feeling of disequilibrium, described as the feeling that accompanies the discrepancy between what was expected during entry and what actually occurred during passage. Clearly, the more accurate the information and expectations formed during entry, the less the feelings of disequilibrium during passage.

However, if information gathered during entry was lacking or incorrect, feelings of disorientation, distress, depression and anxiety are common. If you are experiencing these emotions, it is important to identify their source. Returning to entry and completing the tasks there may help you refocus your energy.

If the tasks of entry are adequately (not perfectly) addressed, the tasks of passage can be attended to. The major tasks are to discover the personal meanings of transition, to maintain emotional and physical well-being, and to obtain or maintain environmental resources and support. Generally, when speaking of environmental resources and support, it means having the needed resources available. Of particular concern for nurse practitioners is the availability of appropriate, high-quality role models, preceptors and mentors.

The following are some examples of these tasks.

"...the more accurate the information and expectations formed during entry, the less the feelings of disequilibrium during passage."

? What meanings do you assign to this transition?

It is important to understand and acknowledge the inner transition you are experiencing. Give yourself some time to examine your feelings. Many people undergoing transitions report feelings of loss and sadness even if the transition is desired. Others report wide emotional swings lasting well into the first few years of practice. Understanding the meanings attached to transition is one of the major tasks of passage. You will revisit this task many times. Meanings change as you move through passage. As a novice nurse practitioner, you may have to re-examine meanings you thought solidified during your education.

? How will you maintain your emotional and physical well-being?

As nurses, we all know what we need to do to maintain health; however, few of us do it. The length of this transition requires a commitment to health maintenance, both physical and mental. Having a plan and implementing it is essential to successful passage.

? How will you obtain or maintain environmental resources and support?

In other words, how will you find and maintain role models, preceptors and mentors?

This may be the most difficult aspect of passage. Nurse practitioner role models, preceptors and mentors are in short supply. You may have to be creative in finding these resources. Talk to other nurse practitioners and find out what they did. A long distance relationship is better than none at all. It is most important, however, to acknowledge the importance of this support and find ways to access it. Most nurse practitioners have cited a positive mentoring experience as the most important experience of the first few years of professional practice.²



² Brown & Olshansky, 1998



Disengagement

Although not an identified stage of role transition, disengagement is a concept that is dealt with throughout the stages of entry and passage, and to a lesser extent, the next stage, exit. To be able to complete role transition into a new role, usually an old role must be abandoned (disengaged) or adapted. For instance, when a couple finds out they are expecting a baby, they must leave behind the mental image of the carefree life they have lived and begin to see themselves as parents. Adding to the complexity of disengaging from the role of the carefree couple, this couple must learn how to adapt to being parents to their child while still being children to their parents. Even though pregnancy is generally a joyful event, few new parents are prepared for the magnitude of the effect on their lives of this role transition, be it great stress or great joy. Becoming a novice nurse practitioner has several of the same components as becoming a parent for the first time. It is generally a desired event, something you have worked very hard for, in fact. However, the role transition to nurse practitioner still contains losses as well as gains. What follows will outline some of the losses you can expect as you disengage from some of your old roles. Also presented are some of the gains that often not only balance out the losses but also greatly exceed them.

"Becoming a novice nurse practitioner has several of the same components as becoming parents..."

▶ **Adaptation of the role of the nurse.**

This is frequently one of the most painful and problematic role transitions. You are comfortable and competent in the role of nurse. Now, you must take on responsibilities you have never had before. Finding your new comfort level may take some time, so give yourself and your peers some time to adjust to your new role. Help your nursing peers understand what you are going through. For those who cannot support you, as painful as it may be, disengagement may be the only response.

Your gain will be an increased sense of competence and confidence and nursing peers who understand and support you.

► **Loss of professional and personal relationships.**

Usually when you return to school in anticipation of a career change, as when a nurse returns to school to become a nurse practitioner, your focus changes from job to school. School takes up every available minute, and you have little time to maintain relationships. Some relationships will wait for you, some will not. Not every relationship can be maintained, so try to decide which to work on and which to let go. Then don't punish yourself over it. Making these kind of decisions is what role transition requires. Your gain will be in deepening existing relationships as they have gone through these trials. Professionally, new relationships will open up to you as you transition into your new role as a nurse practitioner. Additionally, most nurse practitioners report that the relationships they form with their patients are rewarding far beyond what they expected.

► **Disengage from the 9-5, hourly wage mentality.**

As a nurse, you have generally gone to work, gone home when you were done and got paid for the hours you worked. Being a nurse practitioner requires a change in mindset. You will not go home until the work is done, as in general, no one is coming in on the next shift. You will probably work for a salary, not hourly wage. This can be a loss if you are not able to set limits on how many hours you will work for a set salary. However, it can be a definite gain to get away from the time clock and give the time to your practice as you see fit.





Exit

The sun rises at last.

Exit it seems like arriving in the Promised Land. There are no real tasks of exit except to recognize it when it arrives and enjoy the feeling. How will you know when you are through with transition? You have completed the tasks of the stage of entry, having obtained the information needed to make realistic plans.

You have traversed the stage of passage, adjusting your plans made during entry until they worked. During the long time spent in the stage of passage, you have completed the tasks of finding meaning, maintained well being in all aspects of your life, and addressed the issues of role models, preceptors and mentors. There is a return of feelings of equilibrium. The emotional swings and feelings of disconnectedness are leaving as you forge new relationships. You need your mentor less and less, and instead find yourself mentoring others. Exit is a gradual process, happening without your becoming aware of it until one day you notice that you think of yourself as a nurse practitioner. You talk about your patients and your plan of care, not as a follower of orders but as an issuer of orders.

"Exit is a gradual process, happening without your becoming aware of it until one day you notice that you think of yourself as a nurse practitioner."

Transition is a universal experience. Each time you successfully complete a transition you gain transitioning skills. In our modern world, transitions seem to come closer together, barely allowing us to enjoy the end of one before starting another.³ Although this guide is targeted at nurse practitioners, the concepts of transition are the same regardless of the type of transitions. Having learned to complete this transition, the next will be more manageable and maybe even enjoyable. *And remember, you really can get there from here.*



³ Bridges, 1980

Citations

- 1 Bridges, William (1980). Making Sense of Life's Changes: Transitions. Reading MA: Perseus Books.
- 2 Brown, Marie-Annette, and Olshansky, Ellen, (1998). Becoming a primary care nurse practitioner: Challenges of the initial year of practice. The Nurse Practitioner, 23 (7), 46-64.
- 3 Bridges (1980).

Suggested Reading

"Becoming a Primary Care Nurse Practitioner: Challenges of the Initial Year of Practice." Marie-Annette Brown and Ellen Olshansky in The Nurse Practitioner, 1998, Volume 23, Number 7.

"From Limbo to Legitimacy: A Theoretical Model of the Transition to the Primary Care Nurse Practitioner Role." Marie-Annette Brown and Ellen Olshansky in The Nurse Practitioner, 1997, Volume 46, Number 1.

Making Sense of Life's Changes: Transitions. William Bridges, 1980. Reading MA: Perseus Books.

Managing Transitions: Making the Most of Change. William Bridges, 1991. Reading MA: Addison-Wesley.

"The Transition to First Position as Nurse Practitioner." Norma R. Kelly, and Maureen Mathews in Journal of Nursing Education, 2001, Volume 40 Number 4.