

Exploring the Transition Experiences of Registered Nurses to Nurse Practitioners in Rural Healthcare Settings

Rhoda Owens PhD, RN

University of North Dakota, College of Nursing and Professional Disciplines



Introduction

Nurse practitioners make up the most rapidly expanding primary care workforce and are being utilized to provide primary care in diverse settings (AANP, 2016). Furthermore, nurse practitioners tend to care for rural and underserved populations (Rutledge, Haney, Bordelon, Renaud, & Fowler, 2014). As a result, nurse practitioners will be called upon to meet the demand for primary care provider positions in rural areas (Rutledge et al., 2014). Successful role transition has been connected with professional identity development necessary to establish confidence and competence in one's new professional identity as well as work satisfaction and retention (Sabanciogullari & Dogan, 2015; Trede, Macklin, & Bridges, 2012). The purpose of this study was to explore registered nurses' perceptions of their experiences during their role transitions from registered nurses to nurse practitioners at rural healthcare settings. In addition, this study explored if and how nurse practitioners develop their professional identities through their rural health experiences. A lack of research exists with new rural nurse practitioners as they transition and develop their professional identities.



Methods

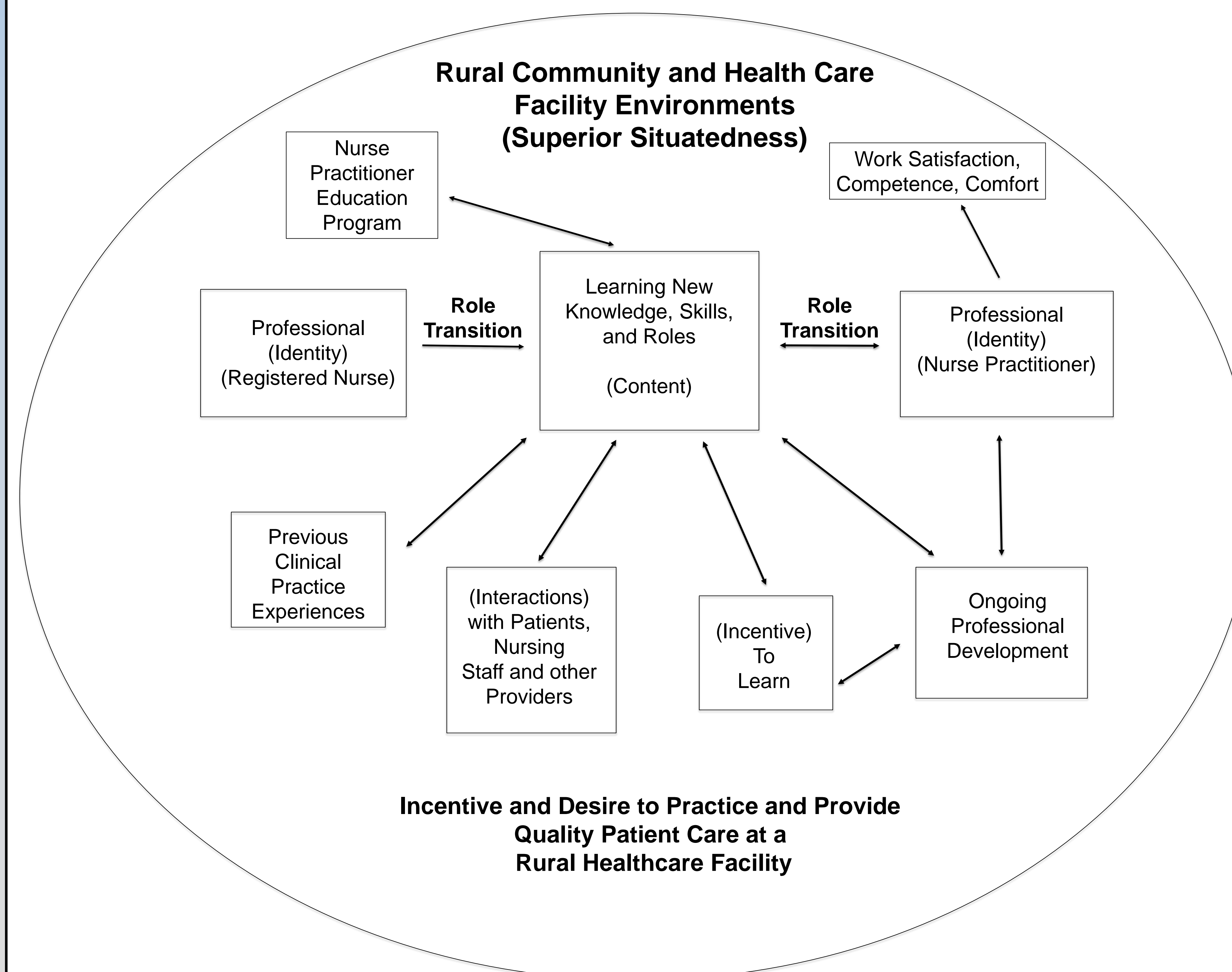
The design used a phenomenological research method (Moustakas, 1994). Participants were selected using purposive sampling from family nurse practitioner graduates from one rural Midwest University. Ten family nurse practitioners working at multiple rural healthcare facilities located in three states participated. Participants were interviewed in two individual semi-structured interviews at six months and twelve months after beginning practice. Moustakas' (1994) phenomenological research method approach guided the analysis of each participant's verbatim interview transcript.

Theoretical Framework: Illeris' Transformative Learning and Identity theory was used for the theoretical framework to explore a registered nurse's role transition and professional identity development as a rural nurse practitioner because it takes into account critical factors not previously explored together for this population, such as the environment (rural healthcare setting and community), motivation or initiative, interactions, and content of learning during their experiences. Illeris' (2014) defines transformative learning as learning that involves change in the *identity* of the learner. *Identity* is about being a person in the world, who one experiences being, and how one relates to and wants to be experienced by others. Identity in relation to learning is centered on the connection with the individual and the surroundings (social and material environment), and therefore it involves the three dimensions of learning, *content* (what is learned), *incentive* (motivation to learn), and *interaction* (with society). In addition, the learner's characteristics, present and past experiences can influence the learning and identity (Illeris, 2014).

Results

Five themes with additional subthemes emerged to support the proposition that participants experienced a role transition from their registered nurse identities to their nurse practitioner identities. This process began in their nurse practitioner programs and continued throughout their first year of clinical practice as family nurse practitioners. In addition, critical to this transition and professional identity development are learning new roles, skills, and knowledge, an incentive to learn and work in rural health care, and the communications, social influences, and relationships with their patients, nursing staff, and other providers at the rural healthcare facilities and communities. Successful establishment of their nurse practitioner professional identities led to feelings of competence, comfort, and work satisfaction.

- Learning new skills, knowledge, and roles
 - Nursing education program
 - Ongoing professional development
 - Past clinical practice knowledge and experiences
- Interactions and relationships with patients, nursing staff, and other providers
 - Mentors
 - Rural community and healthcare facility
 - Self-perception and perceptions of others
- Incentive and desire to learn and practice in rural health
- Role transition to nurse practitioner professional identity
- Professional identity and work satisfaction



Rural Nurse Practitioner Transition and Professional Identity Development Model

Illeris' Transformative Learning and Identity theory (Illeris, 2014) was utilized as a lens for understanding the first year experiences of family nurse practitioners practicing at rural healthcare facilities, and this complimentary model emerged specific to this population. The model depicts how participants perceived their experiences during their role transitions to their nurse practitioner identities. Central to the model is that participants were self-directed active learners of their new knowledge, skills, and roles necessary to provide quality patient care as nurse practitioners. In addition, this model adds key elements to Illeris' theory, such as the need for ongoing learning, the desire to practice at a rural healthcare facility, and a registered nurse's role transition and change in professional identity to a family nurse practitioner identity.

Conclusions

The Rural Nurse Practitioner Transition and Professional Identity Model could be used by nursing education programs and rural healthcare facilities as a framework to guide development of supportive nurse practitioner orientation and professional development programs. Successful transition and professional identity of the family nurse practitioner can improve patient outcomes in rural areas. Enhancing patient care in rural communities has the potential to decrease health disparities in rural areas.

Demographics

Number of Participants: 10
Age range: 27 – 42 years (M = 28.5)
Gender: Males 10% and Females 90%
Year as a registered nurse prior to beginning nurse practitioner practice: 3 – 22 years (M = 7.6 years)
Lives in a rural community: 90%
Does not live in a rural community: 10%
Commute Distance: 3 – 80 miles (M = 30.5)
Family Practice/Primary Care: 90%
Specialty Care: 10%

Literature Cited

American Association of Nurse Practitioners (2016). Nurse practitioners in primary care. *Position Statements and Papers*. Retrieved from <https://www.aanp.org/publications/position-statements-papers>

Illeris, K. (2014). *Transformative learning and identity*. New York, NY: Routledge.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.

Rutledge, C. M., Haney, T., Bordelon, M., Renaud, M., & Fowler, C. (2014). Telehealth: Preparing advanced practice nurses to address healthcare needs in rural and under-served populations. *International Journal of Nursing Education Scholarship*, 11(1), 1 – 9. doi: 10.1515/ijnes-2013-0061

Sabanciogullari, S., & Dogan, S. (2015). Effects of professional identity development programme on the professional identity, job satisfaction, and burnout level of nurses: A pilot study. *International Journal of Nursing Practice*, 21, 847-857. doi: 10.1111.ijn.12330

Trede, F., Macklin, R., & Bridges, D. (2012). Professional identity development: A review of the higher education literature. *Studies in Higher Education*, 37(3), 365-384. doi: 10.1080/03075079.2010.521237

Acknowledgments

Thank you to the ten nurse practitioners who spent time sharing about their experiences. Funding for this study was provided by a University of North Dakota, College of Nursing and Professional Disciplines Faculty Seed Grant.

Further Information

Contact information for the researcher:
Rhoda Owens PhD, RN
Assistant Professor
University of North Dakota
College of Nursing and Professional Disciplines
480 Oxford Street
Grand Forks, ND 58202-9025
Phone: 701-777-4175
Email: rhoda.owens@und.edu