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Role Transition: Registered Nurse to Advanced Practice Nurse

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Abstract

Role Transition can be difficult whether the transition is planned or unplanned. The transition from student to practitioner for nurses who follow the traditional path to licensure is challenging. Practitioners who change specialties, roles or scope of practice experience some of these same challenges, as well as unique challenges. The consequences of an unsuccessful role transition include unresolved stress, reduced job satisfaction, increased risk of errors, and changing roles again, without settling into the current role. This literature review will explore these challenges from the perspective of Meleis's Transition Theory. Successful transitions occur when the practitioner finds employment, feels pride in his/her accomplishment, has support from both family members and professional colleagues, and practices self-care to navigate the transition. This thesis will identify and outline success strategies, and offer tips for a successful transition for nurses, employers and mentor nurses.

Keywords: Nursing, Employer supported education, hospitals, employer, mentoring in nursing, tuition reimbursement

Role Transition: Registered Nurse to Advanced Practice Nurse

This thesis will examine professional role transition through Meleis's Transition Theory. Transitioning to a new professional role can be intimidating and overwhelming. Meleis outlines a transition model for understanding types, patterns and properties of transition interacting with transition conditions that inhibit or facilitate transition (Im, 2010). Although Meleis's Transition Theory was originally developed to explore a broad group of patients' transitions through the continuum of health and illness management, the theory also has implications for transitioning professionals. The transitioning professional can apply this theory to anticipate the challenges of transition and identify strategies to facilitate a successful transition. The theory also identifies patterns of response that are success indicators. Meleis's Transition Theory is applied in this thesis to role transition for a RN (registered nurse) to APN (advanced practice nurse) and outlines strategies to successfully navigate role transition throughout one's career and life.

Overview of Meleis's Theory

Meleis (2010) noted that transitions are complex and multidimensional. Meleis defines transition as "passage from one life phase, condition, or status to another, is a multiple concept embracing the elements of process, time span and perception" (Meleis, page 423 as cited in Im, 2010). Transitions involve a process of movement and changes in fundamental life patterns, which occur in everyone (Im, 2010).

Nature of transition

There are various types of transitions involving changes in identities, roles, relationships, and abilities. Patterns of behavior during change bring a sense of movement through a transition, which leads to internal and/or external feelings of an overall change in identities (Im, 2010). Time span within the transition gives an identifiable starting point, from the first signs of

anticipation, perception, or demonstration of change; moving through a period of instability, confusion, and/or distress to an eventual finishing point or new beginning and period of stability (Im, 2010).

Types of transitions

Types of transitions can be developmental, situational, health/illness, and organizational. Examples of developmental transitions are birth, adolescence, aging, menopause and death. An example of a situational transition is a nurse returning for advanced practice schooling. An example of a health or illness transition could be joining a fit body boot camp in the hopes of getting into shape, including weight loss. An illness example is a new diagnosis of an acute or chronic illness. Organizational transition refers to the changing environmental conditions that affects the lives of clients as well as workers within the organizations (Im, 2010).

Patterns of transitions

Patterns of transition are experienced in multiple ways, such as: single, multiple, sequential, simultaneous, related and unrelated transitions. An example of a single transition is getting married. Most new parents experience multiple transitions with the starting of a family. This area of Meleis's theory illuminates various transitions within relationships in family, the spouse, and becoming a parent (Im, 2010). Sequential transitions involve advancing from one grade to the next in primary school, then again in college from undergraduate to graduate school. Simultaneous transitions have several transitions occurring at the same time such as the birth of a child. Related and unrelated transitions are transitions in different areas of one's life. Work may be presenting a career advancement, additionally one is also about to give birth to a child. While one change is not related to the other, these are examples of unrelated transitions that are

occurring in one's life that can be successfully or not successfully navigated. An example of a related transition is completing nursing school and getting the first job as a Registered Nurse.

Properties of transitions

Meleis describes different properties of transition such as awareness and engagement.

Awareness is considered the recognition or knowledge that a transition is occurring.

Engagement in the transition refers to the degree of involvement the person has with the transition. The level of awareness enhances the level of engagement in the transition (Im, 2010).

Change is considered a property of transition as it outlines the identity or role of relationships and patterned behavior that may be altered during and after a change. Another property of transition is difference. Successful transitions contain feelings of self recognition during transition and identifying these feelings as unmet or changing expectations related to seeing the world in a different way is a key property of transitions (Im, 2010). This recognition of feeling different is a component of awareness and can contribute to a successful transition. To the contrary, failure to acknowledge or recognize these different feelings can lead to a less successful transition.

Transition time spans can differ per transition. The road from novice nurse to expert nurse can take three to five years (Benner, 2010). Each transition is earmarked by critical points and events. The birth of a child is anticipated for nine months, but the critical points are finding out one is pregnant, and subsequent birth. Attending nursing school is the event, filled with prerequisite classes, the process of each semester, while the critical points are acceptance and graduation. The nursing registry exam event is called the NCLEX and is anticipated for three to five years, and passage is the critical point to becoming a registered nurse. Meleis's transition

theory states that the final critical points of a successful transition are characterized by a sense of stability in new self-care, and lifestyle activities (Im, 2010).

Transition Conditions: Facilitators and Inhibitors

Meleis posits that transition conditions can enhance or change the process and outcomes of a healthy transition (2010). These conditions can help or hinder a person's process and success through the process of change. There are several types of transition conditions to consider; these include personal, community and societal. There is also overlap when providing examples of the influence of inhibitors and facilitators on any transition. Meleis has identified the society and community conditions within the theory as underdeveloped and will not be considered here (Im 2010).

Personal

Personal conditions for transition include attitudes towards transition. The meaning given to a transition can be meaningful or meaningless to the person. Socioeconomic status plays a large part in translation (Im, 2010). Transition may involve relocating to a specific college or needing to transfer caregiving responsibilities. This may be perceived as unattainable to someone without resources. If the person has resources or someone who already shares caregiving responsibilities, these personal conditions may not be a deterrent for an advanced education.

Patterns of Response

Process and outcome indicators help map the level of success of a transition. The process indicators include feeling connected, interacting, being situated and developing confidence and coping within the new role. The need to feel and stay connected is an indicator of a successful transition. If one identifies the need to feel connected, but does not act to make connections, the

success of the transition could be in jeopardy. The outcome indicators illuminate the extent to which people demonstrate mastery of the skills and behaviors needed to manage their new situations or environments. This mastery of skills, and a sense of confidence and coping, can signify the completion of a healthy transition (Im, 2010). Signs that the nurse has moved in the direction of a healthy transition include allowing themselves to be vulnerable and being open to early assessment and intervention for mentors to facilitate a successful outcome (Im, 2010).

Process indicators

Feeling connected to a support system that can provide positive interactions may help finalize healthy transitions and give the practitioner a sense of ownership over his/her transition. The process of feeling connected within the new environment leads to a sense of being situated in the right place of practice and a feeling of belonging exactly where the practitioner is working. Developing confidence and coping during a transition can come from some sense of involvement in a successful transition (Im, 2010).

Outcome indicators

Mastery of new skills and behaviors is a measure of a successful outcome. Fluid integrative identities refers to identifying as an advanced practitioner once the practitioner has successfully transitioned. According to Ott, Thomas and Fernando (2018), successful transitions during the first year of a baccalaureate nursing program illuminate common themes among successful participants. These students have prior academic success in common as well as advanced age, and a clear sense of priority of nursing school. This focus and commitment can be a factor in a successful RN to APN transition.

Nursing Therapeutics

The last point of Meleis's Role Transition theory is the application of nursing therapeutics. Nursing therapeutics within the RN to APN role transition involves APN mentors. The mentor interacts with each area of Meleis's theory. The mentor assesses the nature of the transition for the transitioning practitioner, conditions of the transition with facilitators and inhibitors, then evaluates the patterns of response. Mentors assess the practitioner's readiness and preparation for transition which includes education, and role supplementation. Role supplementation describes the person in transition having several transition roles (Im, 2010). An example of role supplementation involves a practicing registered nurse who is also a mentor to a newly registered nurse and is also an advanced practice nursing student. The practitioner encounters multiple transitions at the same time and experience this role supplementation as a transition inhibitor. The alternative idea of role supplementation would be a facilitator in the case of the mentor becoming the mentee, facilitating the transition.

Search methods

The search used the following databases: MEDLINE, OVID, CINAHL, and PubMed. Further references were accessed through citation searching.

Inclusion/exclusion criteria

Qualitative and quantitative research in peer-reviewed English language publications, translations or doctoral theses from 2000 to present was included. The beginning date of 2000 was chosen based on land mark research from Meleis that has been conducted from the year 1960 to present (see Appendix).

Search outcome

The initial search located eighty-five articles. Seventy-two articles were excluded leaving thirteen for the literature review. Research without advanced practice role transition was

excluded. Research concerning transition from student to qualified practitioner in any health profession besides nursing was also excluded as the purpose of this review was to identify the transition from RN to APN. Non-English publications were discarded. A single patient focused land mark study was utilized because Meleis's Transitions Theory applied in a study form to patients transitioning to a nursing home (Davies, 2005).

Literature Review: The Nature of Transition for Nursing Professionals

There were several themes identified on which there is agreement in the literature: (a) awareness; (b) engagement; (c) previous clinical knowledge; (d) use of mentors; (e) feelings of being situated with confidence; and (f) healthy coping within the APN role. The actions of the practitioner to make the transition successful utilizes several aspects of Meleis's theory. The themes outline tips and strategies for the practitioner when transitioning. The nature of a successful transition involves planning for all aspects of the practitioner's life with a sense of commitment towards attaining the APN role (Ares, 2018; Chittenden & Richie, 2011; Kramer, 2018; Moran & Nairn, 2018).

The Dreyfus model of skill acquisition theory can be applied to a newly graduated nurse beginning their career or the graduate level advanced practice nursing student entering graduate school and becoming an APN. The stages from novice to expert are individually driven and give the nurse transitioning into a new role insight from a clinical knowledge and time span perspective (Benner, 2001). The expert level of clinical competence can ease the stress and lack of self-confidence in clinical abilities for the newer APN (Benner, 2001; Kramer, 2018; Moran & Nairn, 2018; Spoelstra & Robbins, 2010).

Environmental supports for students at the start of the education process include providing mentors in the educational realm as well as in the field, utilizing comprehensive

orientation pathways, and providing clinical support during the early phase of employment in the APN position (Ares, 2018; Chicca, 2019; Kramer, 2018; Moran & Nairn, 2018; Spoelstra & Robbins, 2010; Paronsky, 2010).

According to Ares (2018), recent graduates struggle with their transition into the clinical nurse specialist role. These same recent graduate struggles can be attributed to other APN roles. Meleis's time span for role transition begins with the initial anticipation of the change in roles and concludes when there is stability in the new role. This study brings to light the imposter phenomenon, which is described as an anxiety related personal experience of intellectual phoniness primarily in women when legitimate success is not being internalized (Ares, 2018). To achieve more positive outcomes for the practitioner, and organizations, the APN needs to be employed in the APN role, and attain parity with other APN roles (Ares, 2018). Steps to ensure a positive role transition include achieving certification and employment in the APN role, identifying a mentor within the organization, and motivation of the new APN to become an insider within the organization (Moran and Nairn, 2018). The APN also needs to possess commitment in career and a positive self-image as the APN; all are markers of a successful transition (Ares, 2018).

Within Meleis's transition model, successful transitions can be supported with process indicators consisting of feeling connected, locating and being situated, as well as developing self-confidence and coping (Im, 2010). This coping piece involves patterns of response to a transition that can be facilitated through self-care. Energy practices outlined within a literature review conducted from student journals and the themes collected from a college course on CAM (complementary and alternative modalities) have been utilized to facilitate work/life/student balance, stress reduction, and enhanced coping with the mental and physical challenges of APN

role transition (Kramer, 2018). Kramer conducted a qualitative study involving nursing students journaling about ways in which suggested CAM therapies influenced their stress levels during school. Utilizing this CAM involves expanding nurses' knowledge and understanding of energy healing in hopes to utilize this alternative intervention with self-care, which is intended to help the practitioner make a successful transition. This energy healing CAM stress reducing method can be utilized during stressful times during any transition (Kramer, 2018).

Moran and Nairn (2018) claim stresses experienced by the practitioner associated with a new role can be minimized. Minimizing role transition stress can help avoid ineffective role transition. Some trainees do not progress through their transition due to a lack of engagement in their practice, which Meleis identifies as a property of the nature of transition. Another example of poor transition outlined is that the APN does not progress from "acting like" to "being" an APN (Moran and Nairn, 2018). The successful transition can be enhanced with attributing significant personal meaning to the transition. The degree of planning supports the transition. The degree of planning is applicable to all areas of life. The APN student might find fulfilling all previous obligations, such as attending school, work, taking care of family, paying bills, and having time for self-care would need to be carefully navigated through planning. The anticipation of change is mentally and logistically preparing for the transition requirements. Environmental barriers and supports need to be evaluated, overcome, and utilized to support the transition experience or inhibit transition.

Strategies that have shown to facilitate role transition for APN's include: (a) role rehearsal, (b) reflective journaling, (c) student's selection of preceptors, (d) planning for the first position following graduation, (e) understanding expectations, and (f) RN's with clinical experience report less difficulty with role transition to the APN role. The RN who does not have

a choice in preceptor, lacks planning and does not understand what is expected, and can have increased difficulty or have a failed transition in the APN role. Reports of RNs who have clinical experience and realistic expectations reported less stress and difficulty during the role transition to APN illustrates Meleis's description of locating and being situated as a process indicator for a successful transition (Im, 2010; Spoelstra & Robbins, 2010).

Transition inhibitors were identified through a qualitative survey examining barriers for CRNA's (Certified Registered Nurse Anesthetist) transitioning into practice. Nurses do not always favor other nurses practicing to the fullest extent of their education and training. Hostile work environments impede healthy transitions, and attitudes originating from anesthesiologists, patients, and operating room nurses towards independent practice of CRNA's contribute to successful or unhealthy transitions (Hensel, Cooper & Craney, 2018). Ineffective role transition can be marked by several ideas. Some trainees do not progress through their transition due to a lack of engagement in their practice (Moran & Nairn, 2018).

Certified Registered Nurse Anesthetist (CRNA) students identified motivation to succeed in becoming an insider within their organization as very strong facilitator in transition success. This motivation allowed the new CRNA to align themselves with a mentor and insider within the organization. Role models or mentors were also shown to facilitate a positive transition in CRNA students (Tracy, 2017).

Discussion

The nature of transition from RN to APN through the Meleis Transition theory lens allows the reader to identify how transition into advanced practice may go well, or not. When the RN decides to return to school, transition is expected. Hallmarks of a successful transition or unsuccessful transition will be present and need to be navigated by the individual.

The literature supports finding self-confidence and coping within the APN role. The literature also supports finding one's reason for aspiring to attain advanced practice and become a quality decision maker. RN to APN transition is considered a situational and an organizational type of transition. Situational transitions have a definitive starting and end point. The organizational portion of the transition explains that the RN may also transition into an advanced practice role within the current organization. The RN may need to transfer hospitals or venture into a stand-alone practice to find employment within advanced practice (Kramer, 2018). This need to transfer to another organization may be a deterrent for some practitioners and may be motivating to others.

The pattern of the RN to APN transition depends on the individual situation. There are expected simultaneous transitions occurring, which are considered related. Moving into a new position, finding the new area to work within and new co-workers may all be on a different shift, and fewer in numbers. Hospitals usually have fewer APNs on shift than RNs, based on the current model of care within the United States. Staffing models allow for a larger number of RNs to care for patients and fewer mid-level providers like APNs to navigate complex clinical decision making (Kutney-Lee et al., 2015).

Properties of RN to APN transitions include an area where the individual finds success or failure. Awareness of transition encompasses knowing a transition is approaching; graduation is an identified event that marks the beginning of a transition. Engagement, however, is an area in which RN to APN candidates could falter. If the RN knows the "why", and has gone through a masters or doctoral program, the engagement in the process is high. The change and difference aspect of transition for this person would be interrelated with engagement. The change from RN to APN will occur once school is finished and the advanced level boards are passed, but to feel

different is an individualized occurrence. Literature supports mentorship and having someone within the organization to ask for clinical advice to enhance the sense of success in the role (Ares, 2018).

Transition time encompasses prerequisite work, length of education, passing boards, and then the time of orientation in the APN position. Some practitioners experience as little as two years to complete transition. The critical points within an RN to APN role transition would be deciding to go back to school, getting that acceptance letter, starting and completing school, passing boards, getting a job, and starting practice as an orientee, and then that first shift off orientation.

Several common themes were identified in the literature that facilitate or inhibit successful transitions. These include: (a) Personal meaning of transition relating to identity crisis, (b) degree of planning relating to the anticipation of change, (c) environmental barriers and supports, (d) level of knowledge and skill, (e) relating to prior experience, and (f) building knowledge of the transition. Expectations of role models can also facilitate or inhibit role transition (Ares, 2018; Chicca and Bindon, 2019; Chittenden and Richie, 2011; Hensel, Cooper and Craney, 2018; Kramer, 2018; Moran and Nairn, 2018; Paronsky, 2012; Spoelstra and Robbins, 2010; Tracy, 2017).

Personal condition for the APN includes the meaning that the RN attributes to becoming an APN. The APN's cultural beliefs and attitudes will contribute to a successful transition in to the new role. Socioeconomic status is crucial with this type of career change. The RN is usually working and depending on the situation the RN may have a family to continue to take care of, health benefits to keep for family, financial obligations to maintain throughout school requirements, and usually there is an unpaid internship involved with becoming the APN

(Paronsky, 2012). Preparation and knowledge are key components for a successful transition from RN to APN. Understanding the requirements of school, the time commitment, and navigating these with the current job/family/home obligations can be challenging (Chittenden, & Ritchie 2011). The knowledge piece speaks to how much experience the RN has practicing, and the lack of bedside experience working as a nurse can hinder advanced practice confidence and effectiveness (Moran & Nairn, 2018).

Patterns of response represent a successful or unsuccessful transition. CRNA's consider becoming an insider within their organization as a status to achieve that represents success in their transition to APN (Tracy, 2018). Expert mentoring, guidance and a supportive work environment, peer support, and previous experience as a student nurse anesthetist also promote a successful transition. Unsuccessful transitions occur when the transition is impeded by practice limitation, lack of orientation or preceptor, a hostile work environment and/or decreased workload (Tracy, 2017)

Process indicators illuminate the level of feeling connected, interacting in the APN position, and location with being situated within an APN position (Im, 2010). Developing confidence and coping within the APN role is also considered part of the process state of a successful transition (Im, 2010). Those with clinical experience and realistic expectations reported less stress and difficulty during the APN transition (Spoelstra and Robbins, 2010).

The outcome indicator portion of the transition theory outlines a level of mastery of the new role. Meleis describes fluid integrative identities where the APN now identifies as an APN and believes in this new reality. The RN who is performing at the expert level of nursing within their current nursing job will perform at the novice/student role during APN school. This move back and forth between expert RN and student APN can result in feelings of poor integrative

identities. Some RN's work full time during their transition to the APN role, which is considered a facilitator for some, while being an inhibitor of transition for others (Spoelstra and Robbins, 2010).

Nursing Therapeutics is specific to Meleis's transition theory and is intended for the RN to evaluate a patient's movement through a transition, and whether there is an opportunity for intervention within any of the domains of the theory. This nursing intervention would involve improving the patient's chances of ending the transition in success, if there are solutions put in place prior to an unsuccessful transition. This nursing therapeutics may involve patient teaching or providing resources. Im (2010) describes Meleis's nursing therapeutics portion of the Transition Theory as a proposed assessment of readiness of the RN, the RN's preparation for transition, and the RN's role supplementation throughout the transition to APN. The literature describes providing early and frequent support with the student APN to facilitate a successful transition (Ares, 2018). Meleis's nursing therapeutic component of preparation for the transition occurs during the journey through nursing school and subsequent graduate school (Chittenden & Ritchie 2011). Employer contributions to nursing role transitions can vary from organization to organization (Johnstone and Kalitsaki, 2008). Positive and successful role transitions for graduate nurses occur when graduate nurses are integrated into the work force with mentors, resources, and supportive measures to improve new graduate practice safety and boost confidence as a new nurse. The successful process of inclusion in the work force, mentors, resources, and support can be applied to the APN student role for a similar positive and successful role transition into the APN role.

Recommendations

For practitioners, the recommendation is to research the area of interest in advanced practice. Practitioners should job shadow the area of interest and investigate the total time and cost investment required for the transition to the advanced practice role. In addition, practitioners need to understand what is involved in achieving the advanced practice degree from a time, mental and financial commitment. Further understanding of requirements to maintain advanced practice state, local, and federal requirements is worth looking into.

Further investigation into offerings from the employer is also recommended. Employee tuition assistance and flexible scheduling within the current position to accommodate an advanced practice clinical schedule might be helpful to an APN student. Job shadowing, advanced certification reimbursement, and possible stipend assistance for employees attending an APN program would also benefit the current employer as well as the APN student. A stipend with reimbursement can build an employer's advanced practice employee pool. Once the decision is made, practitioners need to utilize self-care and make work/life/home balance a priority. Graduate programs and healthcare organizations need to put into place mentor and orientation strategies to address any lack of environmental, clinical, and professional supports early in the APN's career.

Further research is needed connecting APN transition to Meleis's theory specifically answering each domain to further support successful transitions to the APN role. Focused research on societal and cultural influences on APN transition is also recommended due to this underdeveloped area of Meleis's theory. Lastly, research is needed regarding which area of healthcare an RN should practice to best prepare them for their chosen advanced practice curriculum.

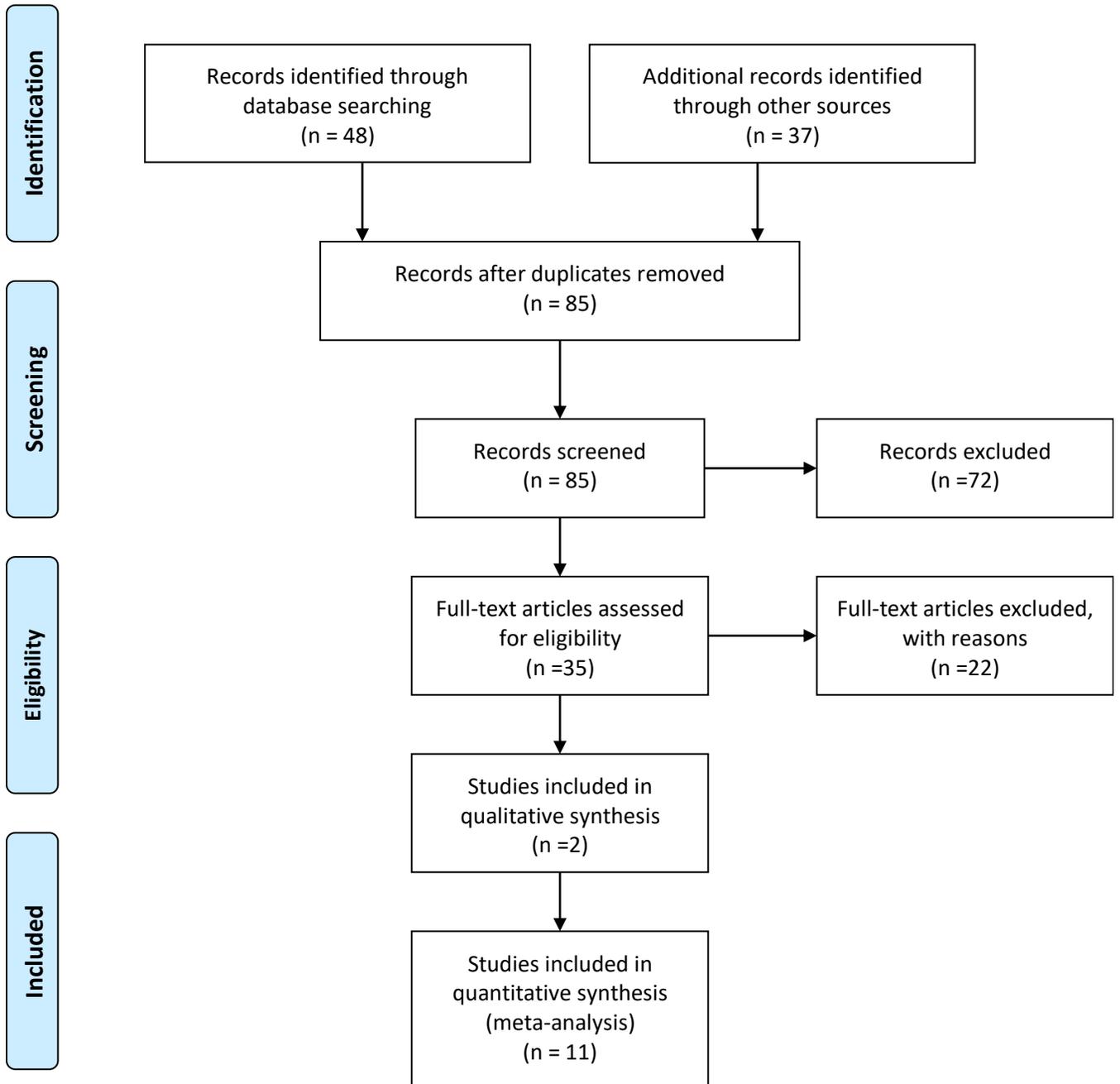
Conclusion

These successful and ineffective transition properties are highly personal. The level of success experienced during a transition can be directly connected to a person's self-worth, the perception of themselves, position in the family, community, society, and the world. Through a pattern of awareness, engagement in the transition, and preparation for the transition; one could set themselves up for success or failure through anticipation and engagement in the transition. The individual's personal beliefs can prevent certain transitions from occurring. The transition from staff nurse to advanced practice nursing, for example, could be unattainable for the individual that does not think they could be an advanced practice nurse. Through the lens of Meleis's transition theory: preparation meets opportunity, meets will power, and with a sprinkle of self-care, and work-life balance, one can achieve a successful transition to advanced practice nursing.

Appendix



PRISMA 2009 Flow Diagram



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