

## Background / Purpose

New military nurse practitioners (NPs) must endure bilateral transitions, developing proficiency in two professional roles simultaneously, that of NP and that of military officer. A difficult transition period can impact both confidence and competence of the novice NP; may influence patient safety, job satisfaction and turn over, leading to a reduction in the supply of qualified military NPs in the work force. **The purpose** of this investigation is to explore US military active duty NPs' transition experiences in the military health care setting.

## Identification of the Problem

- Air Force, Army, and Navy Nurse Corps each have a transition program with policy/guidance in place.
- An earlier unrelated data collection identified negative perceptions of role transition experienced by practicing NPs.
- Literature regarding civilian NP transition programs is sparse and there is none currently available regarding military transition programs.

## Aims / Research Questions

**Aim 1:** Collect and analyze longitudinal data to determine the transition experience of newly graduated or new to the military NP in the military health care environment.

**Research Question 1:** How do new military NPs perceive their practice environment during the transition period?

**Research Question 2:** How do new military NPs perceive the amount of supervision and coaching they receive in their work/practice environment during the transition period?

**Research Question 3:** To what degree do new military NPs experience stress, anxiety and depression during the transition period?

**Research Question 4:** What are the relationships between demographic characteristics, work/practice environment, supervision and coaching, and behavioral health symptoms?

## Design / Implementation

**Design:** 2 Phase Cohort Repeated Measures Design

**Sample:** Newly graduated [or accessioned] advanced practice nurses transitioning to the clinical role of NP.

### Methods:

**Phase 1:** Data collection of AF NPs at 4 time points (Fall 2017 – Spring 2019)

**Phase 2:** Data collection of Army/Navy NPs at 4 time points (Fall 2019 – Spring 2021)

Data collection: Emailed link sent to participants at 6 month intervals. Provides access to self-report tool, a set of valid and reliable instruments to measure psychological and work factors, managerial coaching, anxiety, depression, perceived stress and clinical confidence.

**Participant Protections:** Participants create a unique identifier code that will link the respondent's survey responses [to show score differences across time points]. Study results will be reported in aggregate form.

**Analysis Plan:** Descriptive statistics and repeated measures will be used to analyze the data .

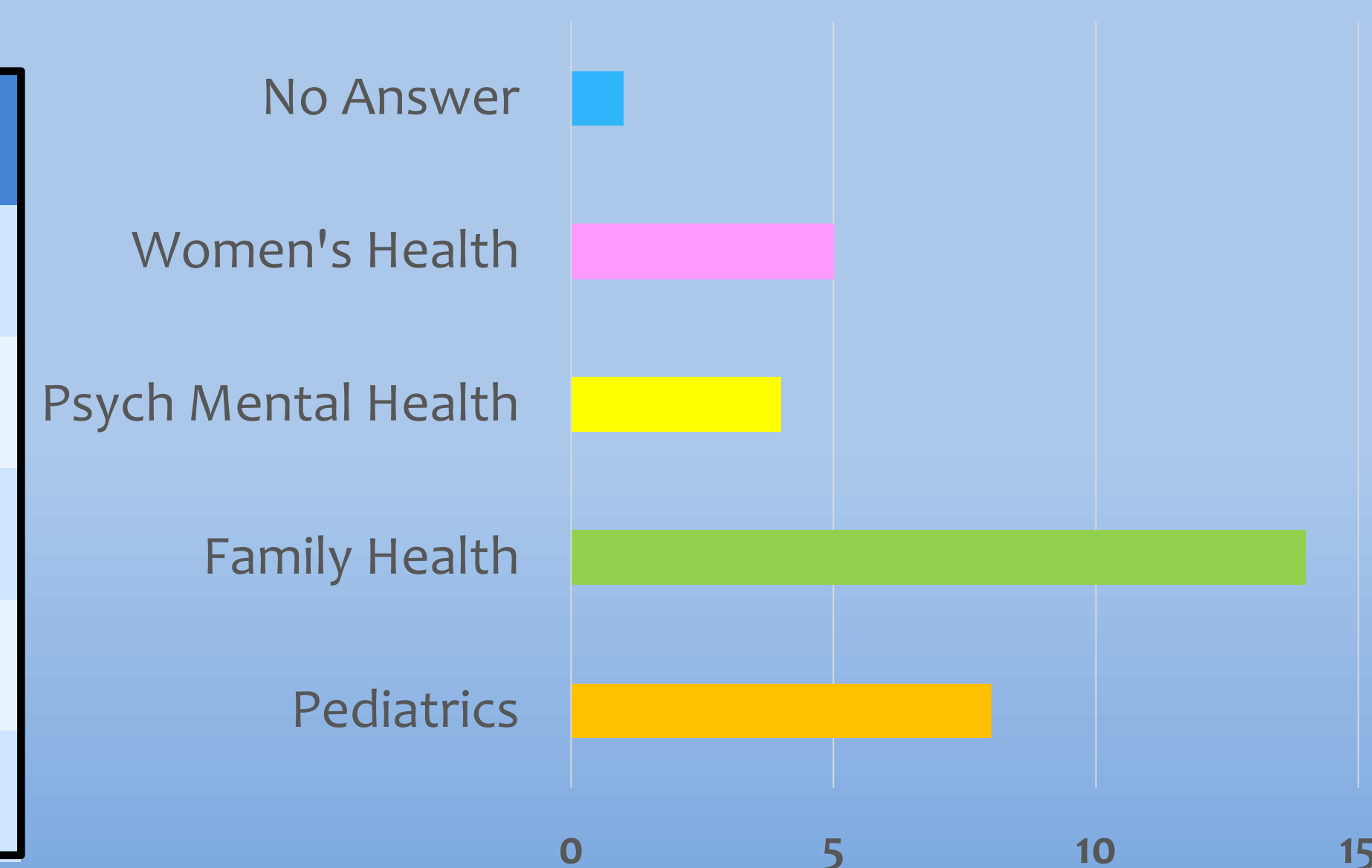
## Sample

**AF Cohort 1:** 41 newly graduated or accessed AF NPs invited to participate Fall 2017  
 N = 32 respondents  
 Age range: 26 – 54 (M=36)  
 Year of Nursing Experience range: 1 year to 28 years (M=9)

Assigned Commands

Command	#	Command	#
AETC	7	ACC	8
AFMC	3	AFGSC	2
USAFA	1	AFSPC	3
AFSOC	1	PACAF	3
USAFE	3	No Answer	1

NP Specialty

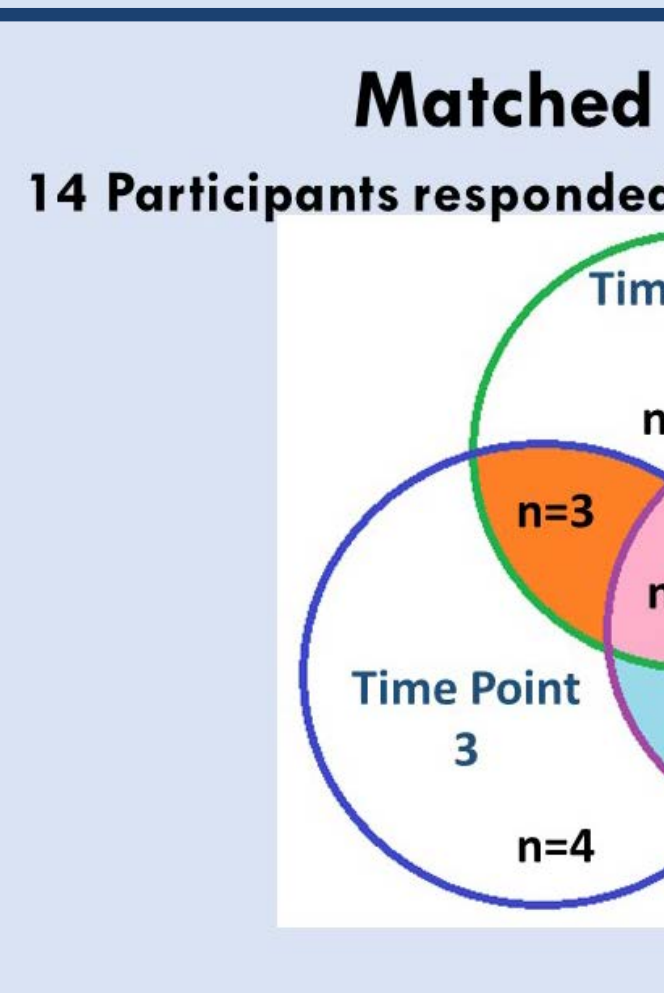


## Preliminary

### Participant Response:

14 Participants responded to me

	Time Point
#s of Complete Responses	21
Response Rate	51%



- 40 % -- increased depression
- 50 % -- increased stress
- 50 % -- higher anxiety score
- 60 % -- decreased scores for
- 100 % -- increased Quantitative
- 100 % -- increased Support for and Innovative Climate

## Implications for Military Nursing/

- Addresses DHA focus on readiness nursing competencies & practice
- Results may inform service based programs decisions and increase
- Inform future policy in support of Strategic Imperatives, quality cornerstone of Trusted Care

## Limitations/Recommendations

- Limitations: Small sample size, delay/process for DoD Information
- Recommendations: Complete program evaluation for transition
- Future research: Add perceived