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Executive Summary: Executive Leadership System Improvement

Transition-to-Practice Program for APRN MSN Graduates

by

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Introductory Summary

The transition from graduate education to clinical practice marks a pivotal point in the professional journey of advanced practice registered nurses (APRNs). Despite rigorous preparation, many APRN MSN graduates struggle to adapt to the complex expectations of autonomous practice. The lack of structured mentorship, inconsistent orientation processes, and unclear performance expectations contribute to high stress, role confusion, and early turnover. This Doctor of Nursing Practice Executive Leadership project addressed this critical issue by evaluating whether an interprofessional team could achieve consensus on developing a best practice program to guide APRN MSN graduates' transition to independent clinical practice.

This initiative was conducted within a large healthcare system facing persistent challenges in APRN recruitment and retention. The project's purpose was to design an evidence-based Transition-to-Practice (TTP) program through collaborative leadership, aligning institutional objectives with national standards for APRN readiness and competency. The project used a quality improvement framework, integrating systems thinking, shared decision-making, and transformational leadership principles.

Data from organizational metrics, literature evidence, and stakeholder feedback informed program design and evaluation. Findings revealed that the absence of a standardized transition framework created inconsistent onboarding, professional isolation, and suboptimal clinical outcomes. Through structured interprofessional collaboration, the team achieved consensus on a comprehensive TTP program including mentorship, simulation-based education, professional development workshops, and standardized evaluation metrics.

The implications of this project extend beyond organizational improvements to broader workforce sustainability, improved patient outcomes, and health equity. The TIP program promotes professional confidence, enhances patient safety, and fosters an inclusive learning culture that values and tailors education to participants from diverse perspectives and varied backgrounds to engage all participants and maximize their success in their professional development.

Practice Problem

The practice problem addressed in this project was the lack of a standardized best practice model to support newly graduated APRNs as they transition from academia to clinical practice. Despite academic readiness, new APRNs often encounter significant barriers, including inconsistent onboarding experiences, inadequate mentoring, and unclear expectations regarding scope and accountability. The absence of an organized TTP framework has led to high turnover rates, burnout, and compromised patient care continuity.

Within the target organization, internal workforce analytics indicated that nearly 30% of newly hired APRNs left within the first 18 months of employment. Qualitative feedback identified a need for structured mentorship and clearer role transition strategies. This project sought to close this gap by fostering an interprofessional approach to build consensus on a best practice TTP program that could be institutionalized and sustained across departments.

Practice-Focused Question

The guiding question has been, Will an interprofessional team achieve consensus on a best practice program for transitioning APRN MSN graduates to clinical practice

within a hospital setting? This question informed the project's design, focusing on collaboration, evidence integration, and organizational change processes to enhance professional readiness and retention.

Analytical Strategies

The project utilized a mixed-methods analytical approach grounded in evidence-based management principles. Quantitative data, including staff retention, orientation completion rates, and satisfaction metrics, were collected from internal reports. Qualitative data, including focus group transcripts and stakeholder feedback, were analyzed thematically to identify patterns of need, barriers, and facilitators. The project followed the plan-do-study-act (PDSA) cycle, ensuring iterative assessment and improvement.

Consensus development employed a Delphi-inspired methodology, which facilitated structured, repeated rounds of feedback among interprofessional stakeholders—nurse leaders, educators, human resource professionals, and APRN clinicians. This approach ensured democratic participation and alignment with organizational priorities. Findings were compared to national standards, including the AACN and National Organization of Nurse Practitioner Faculties to ensure relevance and compliance.

Summary of Findings and Implications

The project's findings revealed that the interprofessional team achieved a strong consensus regarding the essential elements of an effective TTP program. Participants agreed that structured mentorship, competency-based education, and standardized evaluation are indispensable to support new APRNs' transition (Rogers et al., 2023) The

consensus indicated a preference for a 12-month structured mentorship program, incorporating simulation labs, leadership shadowing, and professional development seminars.

Statistical analysis showed that implementing similar structured programs in comparable institutions led to significant reductions in turnover (up to 22%) and improved satisfaction scores (by 25%; Hampton et al., 2021; Joyce-McCoach et al., 2023). These findings supported the project's hypothesis that consensus-based program design would strengthen the organization's workforce sustainability. The implications for nursing leadership are substantial. A structured TTP program will enhance job satisfaction, clinical competence, and long-term professional engagement among APRNs. For the organization, it promises improved retention, reduced onboarding costs, and strengthened patient safety metrics.

Major Products, Conclusions, and/or Recommendations

The major outcome of this project was a fully developed TTP program for APRN MSN graduates. The program framework includes mentorship pairing, simulation-based skills development, ongoing education, and leadership immersion. Evaluation metrics include performance dashboards, satisfaction surveys, and retention tracking. The project concludes that interprofessional collaboration is critical to achieving sustainable, high-impact workforce programs (Lloy et al., 2023). Key recommendations include institutionalizing the TTP program across clinical units, providing ongoing mentor training, and performing annual program evaluations. Integrating DEI principles ensures equitable opportunities for all APRNs, fostering a diverse and culturally competent workforce.

Potential Nursing Implications for Nursing Practice and for Positive Social Change, Diversity, Equity, and Inclusion

This project holds transformative potential for nursing practice. The TTP program strengthens role identity and confidence among APRNs, directly enhancing clinical decision-making and patient safety. The structured mentorship fosters professional growth, emotional support, and skill mastery. By reducing burnout and turnover, the program can stabilize workforce capacity, leading to consistent and high-quality care delivery.

At the organizational level, the program contributes to a culture of learning and excellence, empowering APRNs as leaders and innovators. Nationally, it supports the nursing profession's movement toward standardized transition frameworks and lifelong learning.

From a social change perspective, this project advances health equity by ensuring that all APRN graduates, regardless of background or prior experience, receive equitable access to mentorship and professional development (Rogers et al., 2023). This approach ensures that mentorship relationships are culturally sensitive, respectful, and inclusive.

Summary of Key Evidence

The nursing literature overwhelmingly validates the effectiveness of structured TTP programs in supporting novice APRNs as they move into independent roles. Hampton et al. (2021) demonstrated that structured mentorship and continuous feedback significantly improved clinical confidence and reduced medication and documentation errors among early-career practitioners. Kenny et al. (2021) further established that role clarity and comprehensive onboarding promote organizational loyalty and strengthen the

culture of safety. Melissant et al. (2024) emphasized that tailored interventions, including case-based learning and simulation training, improve task performance, emotional resilience, and situational awareness among APRNs. Joyce-McCoach et al. (2023) added that interprofessional onboarding efforts enhance collaboration and team cohesion, leading to better interdisciplinary communication and morale. Without structured programs, APRNs frequently report professional isolation, lack of confidence, and insufficient performance feedback, factors that contribute to early attrition and lower care quality (Kim & Shin, 2020).

Risks and Benefits

Financially, launching the program requires significant investment in personnel, technology, simulation resources, and faculty development, which may challenge departmental budgets during initial rollout. Human resource constraints such as mentor workload and time allocation could lead to resistance among experienced staff or unionized employees if not properly managed. Furthermore, inconsistent mentor engagement or unclear program metrics could compromise the integrity of outcomes assessment. Compliance risks may also arise if program elements do not fully align with accreditation or regulatory requirements. Despite these challenges, the benefits of the program far outweigh potential drawbacks. Evidence-based transition programs significantly reduce turnover, enhance job satisfaction, and strengthen workforce stability (Joyce-McCoach et al., 2023). The return on investment, estimated at over 120% within 2 years, derives from reduced recruitment and training costs and improved productivity.

Potential Outcomes for the Organization

The primary organizational outcome will be a significant improvement in retention rates among novice APRNs. Structured mentorship, standardized orientation, and competency-based training are projected to reduce turnover by 20% within 2 years, aligning with national benchmarks (Kenny et al., 2021). Enhanced retention directly contributes to cost savings associated with recruitment, orientation, and productivity loss. This is consistent with the mission and values of the organization.

Positive Impacts for the Organization, Nursing, and the Population of Interest

Beyond workforce stability, the program will enhance operational efficiency by reducing preceptor burden, shortening orientation timelines, and standardizing training content across departments. From a strategic standpoint, the program positions the organization as an employer of choice in a competitive healthcare market, improving recruitment of high-quality APRNs. At the community level, increased retention of APRNs in underserved clinics ensures continuity of care, enhances chronic disease management, and strengthens trust in provider-patient relationships.

Project Development

Stakeholder Involvement

The success of the Transition-to-Practice (TTP) program depends on the coordinated engagement of multiple stakeholders whose expertise spans educational, clinical, technological, and administrative domains. These stakeholders operate within a clearly defined structure that establishes purpose, roles, and processes to ensure accountability and collaboration. Clinical nurse educators serve as key architects of the curriculum, applying adult learning principles and evidence-based teaching methods to

address the developmental needs of novice APRNs (Melissant et al., 2024). Their efforts are complemented by experienced APRNs and physician preceptors who provide clinical mentorship, guide new graduates through complex decision-making scenarios, facilitate simulation-based learning, and model professional accountability and reflective practice. Academic partners from affiliated nursing programs ensure curricular alignment between graduate education and clinical readiness, fostering a seamless transition from academic training to professional practice (Kettner et al., 2023). Together, this interdisciplinary team sustains a culture of evidence-based collaboration and continuous improvement that underpins the long-term success and scalability of the TTP program

Accreditation Standards

The APRN TTP program aligns with accreditation standards established by the Commission on Collegiate Nursing Education (CCNE) and American Nurses Credentialing Center (ANCC). CCNE emphasizes competency-based outcomes, continuous improvement, and professional readiness. The ANCC's Practice Transition Accreditation Program requires structured mentorship, outcome measurement, and organizational commitment to workforce development. Integrating these frameworks ensures the TTP program maintains quality, accountability, and sustainability.

Training Issues

Comprehensive training ensures the success of the TTP program. Newly hired APRNs receive structured instruction in clinical decision-making, leadership, and professional role adaptation. Mentors participate in workshops on feedback delivery, adult learning principles, and cultural competency (Kettner et al., 2023). Educators receive training on simulation use, evaluation tools, and digital learning platforms to

maintain consistency and program quality. Ongoing refresher sessions reinforce best practices and adaptation to emerging standards. Training also extends to interprofessional collaboration and outcome assessment.

Regulatory, Legal, and Union Issues

From a regulatory perspective, state Boards of Nursing outline licensure and scope-of-practice standards that dictate APRN responsibilities in areas such as diagnosis, treatment, and prescriptive authority. The TTP program reinforces these standards by embedding clinical supervision and competency verification within the mentorship process, ensuring compliance with state and federal guidelines (Kenny et al., 2021).

Logic Model Framework for Change

The logic model guided program design, illustrating the linkage between resources, activities, outputs, and outcomes. Inputs included interprofessional expertise, educational resources, leadership commitment, and technology infrastructure. Activities encompassed curriculum development, mentor pairing, simulation sessions, and continuous feedback mechanisms. Outputs were structured educational modules, mentorship schedules, and competency assessments.

Short-term outcomes included increased mentor engagement and improved confidence among new APRNs. Intermediate outcomes involved higher retention rates, improved teamwork, and better patient safety scores. The long-term outcome is the establishment of a sustainable, evidence-based transition framework supporting organizational excellence and workforce resilience.

Results

Implementation Plan Summary

The implementation plan for the APRN TTP program spans 12 months and follows a phased approach to ensure systematic development, piloting, and evaluation. The first phase involves conducting a comprehensive needs assessment to identify gaps in orientation, mentorship, and role clarity. This phase also includes the recruitment of mentors, curriculum design, and resource allocation. The second phase focuses on pilot implementation with a cohort of newly hired APRNs across key departments such as primary care, emergency medicine, and critical care. Mentors and mentees will participate in simulation-based learning sessions, structured workshops, and monthly performance evaluations. The third phase encompasses full program rollout, evaluation, and dissemination of results.

Evaluation Plan

Evaluation of the APRN TTP program employs a mixed-methods approach encompassing both formative and summative measures to capture short- and long-term outcomes. Formative evaluation occurs throughout the implementation period, using regular surveys, mentor feedback, and reflective journaling to assess satisfaction, engagement, and perceived learning effectiveness. Summative evaluation focuses on measurable outcomes such as retention rates, competency assessments, patient safety incidents, and satisfaction scores collected at six and twelve months post-program initiation.

Quantitative data will be analyzed using descriptive and inferential statistics to identify trends in performance and retention, while qualitative feedback from focus

groups and open-ended surveys will undergo thematic analysis to uncover contextual insights about mentorship quality and role integration. The evaluation process also includes benchmarking against national standards such as the ANCC Practice Transition

Conclusions

This Executive Leadership System Improvement project demonstrated that an interprofessional team can achieve consensus in designing a structured best practice program for transitioning APRN MSN graduates into clinical practice. The project addressed a critical workforce need, strengthened leadership collaboration, and enhanced readiness for autonomous practice. Organizationally, the project supports improved retention, competency, and patient outcomes. For nursing practice, it provides a replicable model for professional development and leadership cultivation. From a social change perspective, it advances equity and inclusion in professional support systems, ensuring that all APRNs, regardless of background, receive consistent and equitable opportunities to succeed.

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