

# Identifying Successful Strategies for New Nurse Practitioner (NP) and Physician Assistant (PA) Onboarding Programs



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## I. Introduction

Nurse practitioners (NPs) and physician assistants (PAs) represent vital and expanding professions in the healthcare workforce. As of 2021, over 325,000 NPs are licensed in the US, up from 290,000 in 2019. [1,2] Similarly, PAs represent a steadily growing field with over 148,000 licensed as of 2020. [3, 4] Jointly, NPs and PAs comprise 30% of the primary care provider workforce; physicians account for the other 70%. [5]

Newly hired, primary care PAs and NPs have specific transition-to-practice needs. Without positive transition-to-practice experiences, new clinicians may experience feelings of anxiety, inadequacy, and role ambiguity [6], as well as decreased job satisfaction and increased intent to leave. [7,8] Turnover influences organizational costs, care continuity, and places patients at risk for poor clinical outcomes. [9,10]

The fields of psychology and business have extensively studied onboarding, but it is a newer area of research for PAs and NPs in primary care. Recent research has linked NP and PA transition-to-practice programs that offer dedicated time for personnel onboarding and structured education programs to increased employee productivity. [11] Another recent study found several positive outcomes associated with primary care onboarding programs, including increased engagement of NPs/PAs, decreased turnover, and higher clinical productivity. [12] **But more research is needed to identify which components of NP and PA onboarding programs are successful and why.**

## II. Methods

Between 2020-2021, thirteen primary care NPs and PAs were interviewed via telephone. The interviewer asked each participant to describe their onboarding program, note any strengths and weaknesses, and assess whether they felt they successfully transitioned to their clinical position following the program.

## Policy Implications

*Strategic new-hire onboarding programs can help increase retention and decrease employee turnover, which is expensive and disruptive to provision of care for patients.*

*Identifying successful components of onboarding programs that support NPs and PAs is needed.*

*In this study, recently onboarded NPs and PAs described components of successful onboarding programs for employers to consider.*

### Successful onboarding programs

#### Structural components:

- 1) Improving competencies
- 2) Providing mentorship
- 3) Orientating to organizational dynamics
- 4) Tailoring ramp up of patient scheduling
- 5) Clarifying expectations
- 6) Providing clear organizational support

#### Psychosocial components

- 1) Creating a feeling of comfort
- 2) Building professional self-confidence

“It [my onboarding program] just gave me that sense of confidence since I was continuing to learn with patients. And I always felt like I had the support that I needed as a new provider, but I never felt like they pushed me or overwhelmed me to do more than what I was comfortable with.” – Study Participant

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“The things that I found most helpful, both practically and emotionally, was the combination of the time I needed to learn and develop the knowledge and skills, and the understanding that that was normal and the expectation.”  
– Study Participant

**Sample:** Interviewees were new to practice, hired within the last 12-48 months, and attended an onboarding program that existed for at least one year prior to their participation. The final sample included 6 NPs and 7 PAs who practice primary care. The participants were primarily female (n=10; 77%). The mean age of NPs was slightly older (32) than PAs (27). The majority of participants graduated between 2018-2019 (n=10; 77%) and worked in primary care sites located within the Midwestern US (n=6; 46%).

**Data Collection and Analysis:** Interviews were electronically recorded, transcribed, and imported into NVivo 12 Pro for coding and organizing qualitative data. An inductive coding approach (Thomas, 2006) was utilized

to identify themes and subthemes. Two authors independently coded 3 interviews to develop initial codes. The authors then revised the codebook following the cross-assessment of the initial, independent coding, with a separate coder helping to resolve any coding differences. During the second phase, the original two authors analyzed all transcripts utilizing the revised codebook to ensure consistent usage of codes. The final phase consisted of presenting the final codebook to all authors where codes were discussed and refined until consensus was reached on code usage and definitions.

### III. Findings

Six structural themes and two psychosocial themes were identified from the interviews.

#### *Structural Themes Associated with Strong Onboarding Programs*

- Improving competencies
  - Programs that provided participants with opportunities to enhance their competencies were identified as strong. Examples include activities like reviewing primary care topics and skills training, chart review exercises, having dedicated time to train with specialists, and the ability to attend primary care-based lectures. Other activities focused on clinical skills training through simulations, review and practice of in-office procedures, and training to promote electronic health record (EHR) efficiency.
- Providing mentorship
  - Participants valued the mentorship component of their onboarding programs, stating that formal and informal mentorships provided them with guidance during the onboarding process and helped them build a professional identity as well as clarify their role. They also noted the mentors helped guide them in the practice of medicine.
- Orientating to organizational dynamics
  - Participants found orientation to the culture and values of the organization, as well as to team structure and roles, essential to their onboarding. Team structure was especially important to helping new NPs/PAs learn to address social determinants of health that affected their new patients.
- Tailoring ramp-up of patient scheduling

- Participants emphasized the importance of a gradual ramp-up of clinical responsibilities. They also appreciated the ability to influence this pace, to slow down or speed up in order to meet their transition to practice needs.
- Clarifying expectations
  - Although they appreciated a tailored and gradual increase of patient care expectations, new NPs and PAs also expressed a need for clear guidance on the ultimate expectations for their productivity. They also welcomed guidance regarding regulatory requirements and professionalism.
- Providing clear organizational support
  - Participants valued effective and open communication, frequent check-ins from various colleagues (collaborating physician, clerical staff) throughout the organization, and built-in time for check-ins.

#### *Psychosocial Themes Associated with Strong Onboarding Programs*

- Creating a feeling of comfort
  - Participants emphasized experiencing feelings of comfort during their onboarding experience. These included feeling comfortable asking others for advice regarding patient care, feeling comfortable with their mentors and supervisors, and feeling comfortable giving input into their patient ramp-up schedule.
- Building professional self-confidence
  - Participants explained that the combination of open communication, supportive mentorship, protected time for learning, and gradual ramp-up allowed them to build confidence in their practice without feeling overwhelmed.

#### ◆ IV. Policy Implications

Organizations can implement the identified structural strategies into onboarding programs to achieve positive organization, patient, and employee outcomes. The structural components of successful onboarding processes help new professionals solidify their clinical skills while also integrating them into the organization's working structure and culture. In executing the structural components, it is crucial for employers to attend to the new employees' psychosocial needs for feeling comfortable and building self-confidence in their roles. Employee comfort and confidence may increase resilience to burnout and help to secure a sustainable primary care workforce.

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#### **WORKS CITED**

1. American Association of Nurse Practitioners (AANP). More than 325,000 nurse practitioners (NPs) licensed in the United States. [Internet]. 2021, Jan 4. Available from: <https://www.aanp.org/news-feed/more-than-325-000-nurse-practitioners-nps-licensed-in-the-united-states>

2. American Association of Nurse Practitioners (AANP). More than 290,000 nurse practitioners licensed in the United States. [Internet]. 2020, March 3. Available from: <https://www.aanp.org/news-feed/290-000-nps-licensed-in-us>
3. National Commission on Certification of PAs (NCCPA). Statistical profile of certified PAs: Annual Report. 2021. Available from: <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>
4. American Association of Colleges of Nursing (AACN). *2020-2021 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. 2021. Washington, DC: AACN
5. Agency for Healthcare Research and Quality (AHRQ). The number of nurse practitioners and physician assistants practicing primary care in the US. 2018. Available from: <https://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>
6. Barnes H. Exploring the factors that influence nurse practitioner role transition. *The Journal for Nurse Practitioners*. 2015 Feb 1;11(2):178-83.)
7. Faraz A. Novice nurse practitioner workforce transition and turnover intention in primary care. *Journal of the American Association of Nurse Practitioners*. 2017 Jan;29(1):26-34.
8. Sargent L, Olmedo M. Meeting the needs of new-graduate nurse practitioners. *The Journal of nursing administration*. 2013 Nov 1;43(11):603-10.)
9. Adnot M, Dee T, Katz V, Wyckoff J. Teacher turnover, teacher quality, and student achievement in DCPS. *Educational Evaluation and Policy Analysis*. 2017 Mar;39(1):54-76.
10. Hung MS, Lam SK. Antecedents and contextual factors affecting occupational turnover among registered nurses in public hospitals in Hong Kong: a qualitative descriptive study. *International Journal of Environmental Research and Public Health*. 2020 Jan;17(11):3834.
11. Pittman P, Park J, Bass E, Luo QE. Understanding why nurse practitioner (NP) and physician assistant (PA) productivity varies across community health centers (CHCs): A comparative qualitative analysis. *Medical Care Research and Review*. 2021 Feb;78(1\_suppl):18S-29S.
12. Erickson CE, Steen D, French-Baker K, Ash L. Establishing organizational support for nurse practitioner/physician assistant transition to practice programs. *The Journal for Nurse Practitioners*. 2021 Apr 1;17(4):485-8.