



UNIVERSITY OF HULL | FACULTY OF HEALTH SCIENCES



STaR Project: supporting transition and retention of newly qualified nurses

Professor Roger Watson, Dr Jane Wray,
Dr David Barrett, Dr Helen Gibson and
Jo Aspland

October 2020

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The STaR Project
The University of Hull
October 2020



Foreword by The Rt Hon The Baroness Bottomley of Nettlestone



It is my pleasure to present this report from the STaR project funded by the Burdett Trust for Nursing. I have been following the project with great interest since it was awarded to colleagues in the Faculty of Health Sciences at The University of Hull in 2017. I have referred to its important message in speeches on health in The House of Lords.

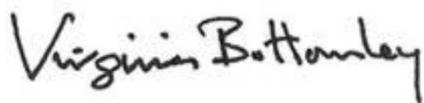
The project focuses on a critical period in nursing and in nurse education – the transition as nurses move from final year students to becoming registered and qualified health practitioners. We are incredibly proud of our graduating nurses. I have the privilege, in my role as Chancellor of the University of Hull, of officiating at many graduation ceremonies. The nursing graduation day is a special occasion at which I invariably emphasise the central

importance of the profession and their key role in our United Kingdom National Health Service, of which they are the backbone and at the front line in delivering care.

Becoming a Registered Nurse is a time of considerable excitement and pride; but we also know it can be demanding and stressful. The STaR project has identified effective ways of facilitating this transition and has begun to implement a toolkit which can help newly qualified nurses, and the people who support them, with the aim of reducing turnover and the loss of some from the profession within their first year after registration.

There are several valuable messages contained in this report, especially providing all newly qualified nurses with a period of time to adjust upon registration and access to formal and informal support structures to help consolidate their learning and skills. Ensuring that our newly registered nurses are fully supported during the transition is key to establishing a long-term workforce of safe, competent and confident nurses. This is a goal to which all our current students aspire: it is the responsibility of those of us in education, policy, practice, employment and regulation to ensure it happens.

I congratulate all those involved and warmly recommend this report to you.

A handwritten signature in black ink that reads "Virginia Bottomley". The signature is written in a cursive, flowing style.

Acknowledgments

We would like to express our thanks to all the people and organisations who have supported this study. First, we wish to thank the Burdett Trust for funding this important area of work under their retention funding stream. Next, we thank all the nursing students, newly qualified nurses, practitioners and academics who agreed to participate, your time and contribution was essential and without your involvement there would be no study. We hope we have appropriately represented your voices.

We would also like to thank Lisa Kelly and colleagues in the Faculty of Health Sciences (Paula Gawthorpe, Lizzie Ette, Kate Bowers, Tony Chambers, Colin Johnson and Deborah Robinson) for their support. Finally, we would like to thank our amazing Advisory Group (see Appendix 1), who have contributed so much time and energy to our study. You have advised, directed and supported us throughout the three years. The interest and engagement from the wider nursing profession, local and national employers, and national and international professional organisations has also been a great encouragement. Thanks for all the emails, feedback, phone calls, comments, tweets and retweets.

The STaR project team

Professor Roger Watson, Principal Investigator

Dr Jane Wray, Co-Principal Investigator

Dr David Barrett, Co-Principal Investigator

Dr Helen Gibson, Research Assistant

Jo Aspland, Research Assistant

Jeanette Gilchrist, Project Administrator

Executive summary

Study rationale

Concerns regarding insufficient numbers of nurses and the subsequent pressure this places on service delivery and the patient experience are of longstanding concern to the profession both in the United Kingdom (UK) and internationally. The growth and maintenance of the future nursing workforce to address shortages has resulted in a sharpened focus on retention within workforce planning and policy. Newly qualified nurses (NQNs) are one group considered potentially at risk of early exit from the workforce. There is a need to reinforce the 'flaky bridge' (Health Education England [HEE] 2018) and ease 'transition shock' (Duchscher 2009) as a means to facilitate NQN retention.

Study aim and methods

The STaR project aimed to: (1) establish the current state of the art in the UK for nurse retention and transition from student to Registered Nurse; (2) provide UK healthcare organisations, higher education institutions and individual nurses with an evidence-based approach to plan for successful transition; and (3) develop an evidence-based toolkit that enables NQNs and their employers to identify, implement and evaluate an individualised approach to transition. A mixed methods study was undertaken. A rapid evidence assessment (REA) of NQN transition and retention was undertaken, 3 Randomised Clinical Trials (RCTs), 8 survey/other quantitative methodologies, 8 Systematic Reviews, 27 qualitative studies and 2 mixed methods studies were included. 40 interviews were conducted with final year nursing students, NQNs, clinical leaders and academics and 113

written reflections from final year nursing students captured qualitative data on transition. This data were used to inform the development of a 'transition toolkit' to assist universities, students, NQNs and employers to support successful transition. The resources in the Toolkit were used with one group of students (n=75) and data on retention and employment captured to determine impact on the number of nurses retained at the end of 12 months.

Findings

A variety of formal and informal approaches that enhance and support transition were identified by the REA. 'Formal' approaches included: preceptorship; mentoring; clinical coaching; induction and orientation; simulation and informal approaches such as creating a supportive organisational culture which included being accepted by team/peers, effective communication within and across organisations and access to and availability of informal support (peers, friends, the wider MDT/units). Strategies that were effective in increasing NQN retention included having a formal orientation period (Ashton 2015); the initial placement (Bratt 2012; Hussien 2016); satisfaction with the unit and clinical supervision (Hussein 2016); empowerment (Kuokannen 2016); pre-registration employment (Phillips et al. 2012); and low stress levels having had previous experience in the unit (Yeh and Yu 2009). Preceptorship was found to significantly increase NQNs competence, though no firm conclusions could be reached regarding the impact on retention rates (Ke et al. 2017)

Analysis of the qualitative data suggested that NQNs still experience transition shock and support during the transition period was of upmost importance. This concurred with the REA, highlighting the importance of preceptorship, or equivalent, induction/orientation, clinical

skill development and having supernumerary status, and support from family, friends and peers and an organisational culture of acceptance by the wider team. Quantitative data indicated that most NQNs were employed full-time and working in local NHS hospitals. Most had undertaken employment during their programme and when qualified had not changed employer or role and did not plan to change. In the post-intervention group, most had engaged with the STaR project material and had accessed their place of first employment through the project. Of these only one reported not finding this useful. There were no statistically significant differences between cohorts, and no statistically significant relationships among the data.

Discussion

A variety of formal and informal approaches that enhance the transition process were identified by our evidence review and our qualitative data. A picture emerged of transition as a multi-dimensional process that incorporates personal, professional and organisational domains. There appears to be not one transition experience but a multitude of experiences. Factors such as personal characteristics (reaction to stress or confidence) and work experience (whether or not the NQN has had a previous placement in their first role destination) all serve as mediating factors when making the transition from student to NQN. These factors may also be exacerbated or ameliorated depending on the particular service/speciality. Support for NQNs was considered to maximise the chance of successful transition. However, in the UK there is no 'gold standard' for what formal support NQNs should receive during their transition to work. It is notable that there is little research that

directly addresses retention; rather the literature appears to suggest that where transition experiences are positive, retention is inferred.

Conclusion

This study adds to the considerable evidence base on NQN and transition. However, despite decades of research and considerable investment in systems and processes to support NQN transition, the experiences of NQNs does not appear to have changed substantially. A supportive framework incorporating supernumerary status, preceptorship or equivalent, peer and organisational culture of support can go some way to ensuring a smooth, seamless and comfortable transition. The link between NQN support and retention remains poorly evidenced. Education providers and future employers should work more closely together both in the period leading up to registration and in the immediate post-qualification period on seamless and bespoke transition plans for individual nurses.

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Section 1: Introduction to the project

The world needs nurses, yet the world is short of nurses. The GAPFON report (2017) identified the importance of nurses internationally in the delivery of healthcare, health promotion and in ensuring universal health coverage. Moreover, nurses are crucial to the attainment of strategic development goals (Oerther 2020) which address, globally, the health of populations. Nevertheless, worldwide there are few, if any, countries that can claim to have sufficient nurses or, at least, which are not addressing the growth and maintenance of their nursing workforces. This challenge is not new and seems to be related to fundamental problems with workforce planning, especially evident in the UK. We undergo cycles of 'boom and bust' (Imison et al. 2009) whereby shortages are identified, investment is made in nursing education but not sustained once the apparent 'crisis' has been alleviated.

In common with any workforce sector, nurses are recruited to work in healthcare and they then leave at some point along their career trajectory. The nursing workforce suffers from problems along the whole trajectory of nursing careers from entry to clinical practice through to retirement. Generally, there is insufficient supply and it is observed that nurses are leaving their jobs, leaving healthcare and leaving nursing at an increasing rate leading to high turnover (Halter 2017). Recruitment can be addressed partly by increased investment in nursing education and expansion of training places in healthcare. But the investment is not realised fully at the point of delivery; nursing students leave their programmes in large numbers. The reasons are complex and include academic failure, unsuitability on professional grounds leading to discontinuation and personal realisation that they have chosen the wrong programme or find clinical experience distressing, causing them to leave (Wray et al. 2017).

The problem of the nursing shortage is compounded by the increasing numbers who are leaving after qualifying (Phillips et al. 2017). Those considered as 'leaving' include those who change jobs very early but remain in nursing (the majority), although some also leave the profession. The reasons for leaving include the realisation that nursing is not for them, but there is also evidence that some NQNs find the clinical environment less than supportive. In addition to retention challenges with newly qualified and mid-career nurses, the nursing workforce is ageing globally, and has been for a long time as previous work jointly funded by the Burdett Trust demonstrates (Buchan & Calman 2004), so we are also losing experienced nurses. Those who remain are increasingly stretched physically and mentally, sickness absence is high, and many choose to retire early. In the present situation with multiple points of exit from nursing and the health services, it is clear that we cannot afford to lose too many NQNs.

Against the above background we were commissioned by the Burdett Trust for Nursing to investigate nursing workforce attrition of NQNs. The aim being to understand the phenomenon better and to provide some insight into this issue and evidence a mechanism whereby this may be alleviated. Among multiple efforts to increase and retain nurses, special attention is required over the period of transition from being a nursing student to becoming a Registered Nurse, previously referred to as the 'flaky bridge' (HEE 2017). These NQNs are a precious commodity, they have been expensive to educate, and train and they are - quite simply - the long-term future of nursing. We considered that the early period of registration and the events leading up to it and immediately after it, would be a fruitful period to study and, towards that end, this project was conducted.

We have adopted an inclusive approach whereby we involved as many tiers of the UK National Health Service (NHS) and private healthcare providers, students, nurse educators, practice placement facilitators and expert advisers as we considered necessary. We aimed to understand as fully as possible what universities, NHS Trusts and other healthcare providers were doing to address retention among NQNs. We considered this issue from an international perspective to obtain as much evidence as possible for what was being done and what was considered effective. In doing so, our intention was to develop a resource, in the form of a toolkit, which would be useful for all the above stakeholders—but especially nursing students and NQNs—to facilitate successful transition into nursing and retention in the workforce.

In the process of conducting the study, we have been overwhelmed by the cooperation of colleagues in education, the health services locally and nationally and national and international policy and practice regulators. Resources have been freely provided for sharing and the promotion of the project by colleagues on social media has been crucial to our success. The project, its methods, findings and conclusions are detailed in this report. Further information about the project and the link to the toolkit and other resources can be found on our project website <https://starnursehull.com/>

Section 2: Study design and methods

Aim

The aim of the STaR project was: (1) establish the current state of the art in the UK for nurse retention and transition from student to Registered Nurse; (2) provide UK healthcare organisations, Higher Education Institutes and individual nurses with an evidence-based approach to plan for successful transition. The related objectives were: (1) undertake an evidence review of approaches used nationally and internationally to enhance nurse transition and retention for NQNs; (2) identify the views of healthcare employers, final year nursing students and NQNs on key success factors for transition; and (3) develop an evidence-based toolkit that enables NQNs and their employers to identify, implement and evaluate an individualised approach to transition and retention.

Design

The STaR project is a mixed methods study comprising three phases:

- In the first phase, an REA on approaches to NQN transition and retention was undertaken. Interviews were also conducted with final year student nurses, NQNs, clinical leaders and academics to better understand the key factors which have an impact on transition. Demographic and quantitative data relating to employment following qualification were also collected from participants.
- In the second phase, evidence from the first phase was used to inform the development of a 'transition toolkit' to assist universities, NQNs and employers to support successful transition.

- In the third phase, the resources developed as part of the ‘transition toolkit’ were evaluated, to see if it helped NQNs and employers during the transition period and improved the number of nurses who were retained.

Ethical approval

Ethical approval for the study was granted by the University of Hull’s Faculty of Health Sciences Research Ethics committee in August 2017 (REF: FHS295). As some of our participants were NHS staff, ethical approval was also sought and granted by the NHS Health Research Authority and Health and Care Research Wales (HCRW) in April 2018 (REF 236719). Additional approvals were also subsequently provided to extend recruitment to include an additional cohort of student nurses in November 2018 (REF: FHS295).

For the interviews, and directed reflections, all participants were provided with a study information sheet and a consent form. This was either completed via email (for telephone interviews) or signed at the start of the interview (face to face), or completed and handed to the researcher (for the reflection). To undertake follow-up post-qualification and to capture demographic information from the University’s electronic student record system and ‘destination of leavers’ database, students were provided with study information sheets and consent forms via the Virtual Learning Environment (VLE). In addition, two members of the research team provided a short overview of the study during a lecture and provided an opportunity for students to ask questions. All students who wished to participate were asked to complete a consent form to share personal data. Copies of information sheets and consent forms are available upon request.

Qualitative data collection

Semi-structured Interviews with key groups:

To “*identify the views of healthcare employers, final year nursing students and NQNs on key success factors for transition*” semi-structured interviews were conducted. This type of interview is characterised by flexibility in terms of the questions asked and enables the participant to speak more widely on the subjects raised by the interviewer (Denscombe 2003) which can result in participants raising ‘important issues not contained in the schedule’ (Denzin 1989:106). Another advantage arising from the flexible nature of the semi-structured interview is that the interviewer is free to probe beyond and into interviewees’ responses (May 2001; Bryman 2008).

An interview schedule for each group of participants (NQNs, HEI leaders and clinical leaders) containing key questions and suggested prompts was compiled. This was informed by previous studies exploring NQNs and nursing workforce [including literature collected as part of the REA see Section 3]. Finally, to ensure that the questions were suitable for the study the interview schedules were then shared with the STaR advisory group for feedback. Interviews were undertaken primarily face to face for all groups; however, due to geographical constraints some were conducted via telephone. Telephone interviews offer the advantage of being able to access a geographically diverse population (Harris et al. 2008), can produce data that is comparable to the face to face method (Yeo et al. 2014) and there appears little difference in the amount or quality of data generated (Ward et al. 2015).

Reflections:

Reflecting on practice is routinely used in nursing (Levett-Jones et al., 2011; Eng & Pai, 2015) and is the ability to examine one's actions and experiences to support the development of professional practice and enhance knowledge and skills (Caldwell 2013). Reflection forms as an essential part of the revalidation process (NMC 2019) and can help to identify common concerns (Walton et al. 2018). Student nurses were asked to complete a 'directed' reflection to support their thinking and learning to contemplate the transition ahead, and to aid discussions with their preceptor/mentor in their final placement and their first role as an NQN. Although students often reflect on past events (particularly incidents in practice), this provided an opportunity to reflect on future events (the transition period) to think through in more detail the period ahead of them and 'pre' prepare. The reflection was 'directed' in that it was in the form of a template with broad open-ended questions and prompts and was informed by the literature review and developed in conjunction with the project Advisory Group. Participants were able to answer in their own words (Popping 2015).

The reflection comprised four open questions with additional prompts including: (1) what they were looking forward to/what concerns they had; (2) personal strengths/areas of potential challenge; (3) envisaged support needs in first few months; and (4) any comments relevant to transition. A total of 113 directed reflections were returned: 46 from students completing in September 2018, and, 67 from those completing in September 2019. This represents response rate of 16.5% and 20% for the two groups. Of these, only 8 were completed electronically, with the remainder being hard copy.

Participants

The demographic details of the interview participants are shown in Appendix 2. All interviews were conducted between November 2017 and August 2019. Eight interviews were conducted with each of the key groups; Student Nurses, NQNs at one month, NQNs at nine months, HEI leaders and clinical leaders (total = 40). A total of 113 directed reflections were returned.

Nursing Students: These were all from the one nursing cohort who graduated in 2018 and had consented for us to use data from their academic records. Interviews took place on the University campus and lasted between 23 and 41 minutes [average 28 minutes]. Seven participants were female, and one was male and ages ranged from 21 – 47. All branches of nursing except children’s nursing were represented.

NQNs at one month: Participants were all from one nursing cohort who graduated in 2017 and were identified using the University’s electronic student record system. Interviews took place at a location of the participants choosing and lasted between 17 - 46 minutes [average 22 minutes]. Six females and two males aged between 21 – 43 participated and all branches of nursing were represented.

NQNs at nine months: Participants were from two nursing cohorts at the University of Hull who completed their programme of study in either 2017 or 2018. One participant was recruited via the STaR student ambassadors. Interviews lasted between 15 - 53 minutes [average 21 minutes]. Four females and four males aged between 23 – 61 participated, seven were adult nurses and one was a mental health nurse.

HEI Leaders: These were defined as individuals holding a prominent position within a HEI or regulatory or professional body and having a published track record in the field of NQNs, retention and/or nursing workforce issues. Key contacts from the project team's professional networks and lists available in the public domain [e.g. the Royal College of Nurses list of Nursing Professors] were used to identify relevant people. Interviews lasted between 23 minutes and one hour and two minutes [average 30 minutes]. Four participants were female and four were male. Their roles included four professors, a Director, a programme co-ordinator, a Head of Professional Learning and Development and a Dean.

Clinical Leaders: Participants were defined as individuals holding senior positions within nursing practice at NHS Trusts or Private healthcare providers who employed University of Hull nursing graduates. These organisations were identified using records held by the University on the 'destination of leavers' database. Interviews lasted between 19 - 57 minutes [average 26 minutes]. Six participants were female and two were male. Two participants were employed by private healthcare providers and six by the NHS. The clinical leaders had a variety of titles and roles including; Preceptorship, Research Nurse, Ward Sister, Clinical Nurse Educators and Learning & Development facilitators.

Qualitative data processing and analysis

All interviews were audio recorded and transcribed verbatim and allocated a unique numerical code, each was read by a single researcher to gain an initial impression of the content and emerging themes and a sub sample were also read and annotated by members of the research team. An initial 'loose' coding framework was constructed in NVivo (v12) and

following discussion all transcripts were imported and coded to the framework. The results were written up as a narrative to encompass the key findings. The reflections were transcribed, (if not provided electronically) anonymised and given unique identifiers. These comprised StR (Student Reflection), plus either 18 or 19 (to indicate year of completion), and a further two-digit number (to indicate participant number) e.g. StR1808. A loose coding framework was developed to represent emerging themes and sub-themes and was reviewed with the Advisory Group. Transcripts were then imported into NVivo (v12) for formal coding and some adjustments were made prior to the narrative being developed.

Content analysis was undertaken on the quantitative data (Elo and Kyngas 2008) (Elo and Kyngas 2008). Hsieh and Shannon (2005) define qualitative content analysis as *“a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns”* (Hsieh and Shannon 2005:1278). Each participant group of data was analysed separately to create a narrative that specifically reflected their perspectives and experiences (see section 2). NVivo (v12) was used as it enables the organisation, storage and analysis of rich-text data facilitating analysis and presentation of findings (Fallin, 2019). The ‘describe, compare and relate’ approach advocated by Bazeley (2013) was used and key ideas, concepts and themes clustered to provide an integrated overview.

Quantitative data collection

Quantitative data were captured from two groups to compare NQN retention between a ‘pre group’ and a ‘post group’. This dataset was compiled to ascertain the impact on turnover and

stability of the workforce in the form of retention. Key outcome measures included whether the participant was still working for the same organisation that they started with immediately after completing their nursing degree; whether they were still in the same post; if they had plans to change career or role in the near future.

Pre-group (completing nursing programme in 2017 and 2018)

The following data were extracted from the University electronic student records system: date of entry to programme; programme of study (Adult Nursing; Mental Health; Child; Learning Disability); age at entry; gender; ethnicity; qualification on completion. From the 'destination of leavers' database we extracted employment status (employed/unemployed; full/part-time; permanent/temporary); job title; job category (assumed to be 'RN'); and employer (name, type, location). We also captured information relating to whether they had worked for their new employer before or during their pre-registration programme and if they were currently undertaking any further study.

The pre-group were contacted towards the end of their 12-month post qualification period and asked a series of questions via telephone. They were also provided with the option of responding to the questions via text message or email. Participants were asked if they were still in employment in the same role with the same employer (organisation). If there had been any change in the first 12 months, we asked when it had occurred (time point within the first 12 months) and we also asked about their plans to change role in the near future. Data was collected during August – September 2019. Response rates for the pre-group are shown below:

Pre group	No. consented/ Total population (%)	No. responded/ No. consented (%)
Completing in 2017	58/301 (19%)	31/58 (53%)
Completing in 2018	108/387 (28%)	59/108 (55%)

Pre groups consent and response rates

The response rate for those students who has consented to take part and completed their course in 2017 was 53% although this was only 10% of the total group (31/301). Similarly for those who completed their programme in 2018. 55% of those who consented to be involved provided responses and this represented 15% of the total sample (59/387). The overall response rate for the pre group (combined) was 14% (54% of those who consented to be involved) and is shown below:

Pre group	No consented/ Total population (%)	No responses/ No consented (%)	Overall Response rate (%)
Completed 2017 and 2018 combined	166/688 (24%)	90/166 (54%)	90/688 (13%)

Pre group (combined) consent and response rates

Post group (completing programme in September 19)

The same demographic and retention data were collected from a post group who completed their programme in September 2019. Data were collected in August 2020 following exactly the same approach as the pre group. These students had benefited from enhanced transition support and planning [via the STaR Toolkit resources] during the final year of their programme. Consequently, the following additional questions were asked:

- Did you engage with the STaR Project and its resources?

- Did you access your place of first employment (PFE) before you started working there?
- If so, was accessing your PFE useful? What did you find the most useful ? If you did not access your PFE before you started working there, why not?

The response rates for the post group are shown below:

Post group	No Consented/ Total population (%)	No responded/ No consented (%)	Overall Response rate (%)
Completing in 2019	123/319 (39%)	75/123 (61%)	75/319 (24%)

Post group consent and response rate

The response rate for the post-group students who has consented to take part and completed their course in 2019 was 61% and this represented 24% of the total group (75/319).

Quantitative data processing and analysis

For both pre and post data sets records were anonymised by removing identifying information such as names, contact numbers and email addresses and participants were assigned a numerical code. Several records were removed, including those who identified as midwives, and those from programmes other than Adult/Child/Learning Disability/Mental Health nursing. Qualitative data contained within the EXCEL files were transferred into separate Word documents prior to importing into SPSS. Age on entry, ethnicity, gender, qualification on completion data was accessed via the University's student record system. Ranges were added to some variables to capture more specific information. Age ranges (from 18 -49 in four-year bands), employed with (including some local/regional trusts, plus other employer types such as non-healthcare/education), employer by type (NHS

hospital/community provider NHS or private/primary care provider/private hospital/other), employer (local/regional/national/international). Job titles contained so much variability and inconsistency, it was not possible to capture these using variables; hence all respondents who had gone into nursing posts were assigned 'RN'. The demographic details: age on entry to programme; nursing qualification; gender; ethnicity; job title; full/part-time; employer type; further study were summarised using descriptive statistics. Data were entered into SPSS version 26.0 and analysed.

Supporting Transition and Retention (STaR) Toolkit

The toolkit is an online resource, designed to be used by students, NQNs, employers, preceptors, clinical educators and other healthcare staff involved in supporting NQNs during transition. Resources were developed throughout the study and collated into five key sections. Within each section, users can find links to information, advice and tasks to complete that are relevant to each particular stage in the transition journey. It also includes a section containing resources and further information aimed at helping the user to 'keep learning and stay connected'. The toolkit was informed by data collected from the REA, the interviews and through discussion within the team and our Advisory Group.

Relevant resources used and/or developed by other organisations and social media links that were useful or relevant were also included. Some STaR specific resources were also developed. The interview data reinforced anecdotal reports of students requesting that their final clinical placement take place in the area where they had secured their first post-qualification role, hereafter referred to as the Place of First Employment (PFE). It was suggested that this could [Stu002] *meet people...you know the code for the door...silly little things, it will make them less anxious on the day they start or it might help with simple things, like you know where the coffee room is...you know how things work ...they know your work ethic...they know what you are like.*

The opportunity for pre-employment contact appeared beneficial and would allow pre-induction processes to commence, potential training needs to be identified and for 'transition shock' to be potentially reduced. Bratt and Felzer (2012) indicated that new graduates

already have pre-existing ideas of where they might want to work – and pre transition experiences might be useful to test these assumptions in practice. However, Phillips et al. 2012 did not find pre-employment workplace exposure relevant; therefore, the impact of this exposure warranted further investigation. From an educational perspective, allowing students to complete their final placement with the PFE raised some issues. For the cohorts involved in the STaR project, the final decision on whether a student has met the practice standards required to complete their programme of study is made by a sign-off mentor (NMC, 2008). The decision of a sign-off mentor on a student's readiness for registration is entirely objective and if the final placement (and final assessment) takes place on the area where a student will be taking up employment, this may compromise objectivity. Equally, students must be judged to have met the practice standards regardless of context, not simply in the specialty or area in which they will commence employment. The policy at some universities therefore is not to give student a final placement in the setting in which they will be taking up employment, although some Universities do allow this.

Nonetheless, as the interview findings demonstrated a strong desire to allow students some exposure to their PFE during their final placement a compromise initiative was designed. This allowed them the opportunity to spend up to two weeks (75hrs) of their final 12-week placement working within their PFE. The 75 hours could either be through 'day release' from their core placement area each week, or in longer blocks of placement time (the latter being more useful for students whose PFE was some distance from their university). Permission to spend time with their PFE was conditional on them making good progress in their final placement and receiving approval from their practice supervisor and personal tutor. The

guidance and permissions sheet for this process are included in the Toolkit and feedback from students is shown in Section 4.

The PFE initiative was developed and agreed with local practice partners and employers, and to evaluate the success (or otherwise) of the initiative, the student cohort was asked to answer a series of questions during a face-to-face classroom session. Data were collected using 'Mentimeter', an online system that allowed the students to answer questions via digital devices and for real-time data to be collected.

The final version of the toolkit was refined following feedback on design, layout, content, accessibility and presentation. In total, feedback was received from nine individuals [academics, members of a NQN forum]; this was then discussed amongst the team and where appropriate, incorporated into the final version of the toolkit. Once the toolkit was published online further comments were invited from nursing and healthcare communities.

The toolkit can be found via the following link:

<https://create.piktochart.com/output/44620041-transition-toolkit-copy>

Section 3: Literature

Method

A rapid evidence assessment (REA) was undertaken using a recognised method (Tricco et al. 2015, Thomas et al. 2013, Government Social Research Service (GSR) 2013) to answer three key questions;

1. What approaches are used nationally and internationally to enhance the transition of NQNs?
2. What approaches are used nationally and internationally to enhance retention of NQNs?
3. What is the strength of the evidence for particular approaches to nurse transition and retention?

Search Strategy and approach

Electronic databases (CINAHL complete, Academic search premier, Open Grey, ERIC (Education), Web of Science--Social Science Citation Index and PubMed) were searched during February 2018. Inclusion and exclusion criteria were applied and papers were included if the participants met the definition of NQN, were primary or secondary research studies, published in English and within the previous ten years (i.e. between 2008–2018). This was supplemented by secondary searching (see Appendix 3). Each member of the team (HG, DB, RW & JW) undertook quality assessment of the papers using an appropriate appraisal tool [CASP Critical Appraisal Skills Programme; MMAT Mixed Methods Appraisal Tool] and a customised tool for evaluating surveys (Kelley et al. 2003). To ensure consistency and validity,

a subsample of the papers was quality assessed by another member of the team and a single descriptor of quality: high; medium; or low was assigned to each output.

Results

The database search resulted in 2,647 references and two further titles were identified via web searches (see secondary searching Appendix 3). The titles were examined for relevance and whether they met the inclusion and exclusion criteria or not and 2,601 were excluded leaving 48 papers for inclusion. A detailed representation of the process of reducing the number of papers can be seen in the PRISMA flow chart (see Appendix 4). The included papers comprised; qualitative studies (27), Survey/other quantitative methodologies (8), Systematic Reviews (8), RCTS (3), and mixed methods studies (2). Of the experimental studies Lee et al. (2009) showed a reduction in turnover as a result of a preceptorship programme; Meyer et al. (2017) and Tseng at al (2013) both showed a reduction in job changing in the intervention group.

Quantitative studies predominantly used a survey design and described a range of outcomes related to the study of the successful employment of NQNs and all, in fact were proxies of retention. This includes: Adaptation (Ashton 2015); Organisational commitment (Bratt and Felzer 2012); Confidence and competence (Deasy et al. 2011); Satisfaction with practice (Hussein et al. 2016); Empowerment and competence (Kuokannen et al. 2016); Predictors of successful transition (Phillips et al. 2012); Effect of a programme of transition (Steen et al. 2011); and Stressors and intention to quit (Yeh and Yu 2009). All studies reported at least one positive outcome and effective strategies that had a positive influence on proxy measures of successful NQN employment included: having a formal orientation period (Ashton 2015); the

initial placement (Bratt and Felzer 2012; Hussein et al. 2016); satisfaction with the unit and clinical supervision (Hussein et al. 2016); empowerment (Kuokannen et al. 2016); pre-registration employment (Phillips et al. 2012); and higher stress and not having had previous experience in the unit (Yeh and Yu2009).

One systematic review (Labrague and McEnroe-Petitte, 2017) explored the experiences of new nurses during transition, three others (Ke et al. 2017; Oosterbroek et al. 2017; Ward & McComb, 2017) focused on the role of preceptorship and Pasila et al. (2017) on the benefits. Transition from student to Registered Nurse is a stressful experience (Labrague and McEnroe-Petitte, 2017; Gardiner and Sheen, 2016) and the main causes of stress were workload and a perceived lack of competence (Labrague and McEnroe-Petitte, 2017). The need for an environment that provided NQNs with learning opportunities and constructive feedback was identified by Gardiner and Sheen (2016) and Oosterbroek et al. (2017). Simulation could play an important role in orientating new nurses and allow for learning in a safe environment (Olejniczak et al. 2010). Edwards et al. (2015) explored the impact of a broader range of interventions including preceptorship, mentorship and internship. Only one paper – Ke et al. (2017) – evaluated specific approaches to preceptorship and concluded that a fixed preceptor/preceptee model with regular one-to-one working was the most prevalent approach; preceptorship significantly increased NQNs competence, though no firm conclusions could be reached regarding the impact on retention.

The methods used in qualitative studies varied and included participant observation, interviews and focus groups [Chappy et al. (2010), Penprase (2012) and Walton et al. (2018)].

Some studies looked at transition experiences then characterised these experiences into proposed 'stages' (Anderson and Edberg 2010 – 2 stages, Gerrish 2000 – 3 stages) i.e. driving theory, or the characteristics of the phenomena of the NQN (Moore and Cagle 2012). Whereas Brandt et al. (2017) used existing frameworks for transition. Five papers focused almost exclusively on preceptorship (Allan et al. 2018, Harrison-White and Simons 2013, Lewis and McGowan 2015, Spiva et al. 2013 and Ya-Ting and Min-Tao 2015). The importance of positive and supporting experiences/environments featured throughout (Chandler 2012) as well as the impact on NQNs of being unsupported during this period (Hollywood 2011 'finding your own way', Gerrish 2000 'fumbling along').

Key to 'positive' support experiences was being accepted by colleagues/the team and becoming a team member (Anderson and Edberg 2010, Brandt et al 2017, Moore and Cagle 2012). Educational preparation for transition to practice featured in Brandt et al. (2017), Chappy et al. (2010), Penprase (2012) and transition shock (a key feature of a much earlier study in the field) featured only in Hollywood (2011). Becoming an accountable practitioner (Anderson and Edberg 2010, Brandt et al. 2017, Bridges et al. 2013, Gerrish 2000) explored growth and maturation during the later stages of transition. Satisfaction with current role in nursing was only explored by Penprase (2012). Two mixed methods papers were included. Marks-Maran et al. (2013) found that preceptorship was highly valued by most preceptees (85%) and Muir et al. (2013) found that the preceptorship programme impacted positively on the development of both preceptees and preceptors. A preprint of the published paper is available: <https://www.medrxiv.org/content/10.1101/2020.02.06.20019232v1>

Section 4: Findings

This section shares the narrative analysis undertaken on each set of interview data per group (e.g. students, NQNs at 1 month, NQNS at 9 months, Clinical Leaders and Academics), the student reflections and the quantitative data findings.

Nursing students

Expectations and feelings around starting

I am excited...relieved that it is finally over...proud of myself but terrified (Stu003)

When asked how they were feeling about starting their first NQN role, most interviewees expressed a mixture of feelings:

I'm like...oh I am really excited to go and then ...Oh God and it kind of hits you and I'm like arrrrgghh...nervous (laughs) (Stu004)

I feel really excited...I feel really lucky to get a job that I really want: I feel really privileged (Stu001)

I am looking forward to just starting...do you know what...I've got this...and I've never felt that...I've got this (Stu006)

Most looking forward to

Everything I have done as a student nurse has been a set up to what happens on Monday and I can't wait to just get started and get on with it (Stu005)

Many of the nursing students were looking forward to getting started and *getting their hand in* (Stu008), *the pay* (Stu005), making a difference to patients and gaining independence:

I like community nursing because I feel like I can really be an advocate for my patients there...you are the only person that they see all day and then you go in and make a difference (Stu008)

I'm looking forward to being able to make the decisions around the patient because lots of times throughout the years when you see things or when you are working you think I would have done that differently... (Stu003)

I can't wait to feel a little bit more [autonomous] in terms of decision making...that extra level of autonomy that you get when you are not being mentored, I guess (Stu005)

Others were looking forward to putting their skills into practice, improving their skill base and finally having the chance *to be part of a team* (Stu005).

Concerns/not looking forward to

90% I don't feel ready at all. I feel like I've got the skills, University have given me the skills...I can't be a nurse yet, there is no way I'm ready to be a nurse yet (Stu001)

Interviewees had several concerns around their transition to NQN. Starting somewhere new, being underprepared and not being good enough were worries:

I've always sort of been given the feedback that I put myself down too much and I will be a good nurse and I should believe that, and I think that is what has worried me that....oh what if I start and I'm no good (Stu008)

As was receiving adequate support in their new role, or time to adjust and learn:

I am a bit apprehensive about that...I think my biggest fear is around...going on to the ward and them saying there, there, there's your patients and there's my patients and see you later (Stu003)

I think by rushing through it you are missing an opportunity to make sure the nurse you are putting through the preceptorship is safe, effective, working efficiently (pause) and you are putting that nurse under an awful lot of stress and pressures as well (Stu001)

Interviewees were also worried about what others expected of them:

I'm worried that you are expected to know everything (Stu002)

I think I'm more afraid because I've got years of experience of what their expectations of me are going to be...so that frightens me because I have never been a Registered Nurse before...I think as I'm an older student I think their expectations will be higher (Stu003)

Some spoke of concerns as to whether they would be working in a supportive team or not:

As a new nurse you are you are reliant upon the skill set of your team to support you through your initial few weeks and months, etc., some people are more helpful than others

and trying to work out who is and who isn't helpful...I'm not looking forward to that, I want everyone to be up front, honest and full of integrity (Stu001)

One of the placements I had...it wasn't a great environment and I tried to discuss it...but I was judged completely wrong and the entire ethos of the ward changed for about a week and I was ostracised a little bit (Stu003)

Other concerns included managing workload, challenging existing processes, working autonomously, increased level of responsibility and clinical skills:

I'm lacking practical skills because my placements have been in a variety of places which is a positive factor, but I have not had very many placements of the same type, so I have not had continuity (Stu001)

I feel that in September I am not going to be able to be a nurse...because it is such a (pause) it is a technical area, there is all of machinery that I am not going to be able to work...like the ventilators (Stu002)

Preparation for transition

Yes, I am expecting it to be stressful particularly the first 18 months or so while I am finding my feet and learning how things go and you are constantly learning (Stu003)

Most interviewees were expecting the transition to be stressful:

I think a normal amount of stress is expected with any job and I think it has increased in nursing with the pressures the NHS are under...So yeah I do expect to be stressed but

realistically I think that comes with the job, but that doesn't particularly fill me with any apprehension (Stu005)

Given this, interviewees pointed to their own skills in managing stress, including knowing their limits and being able to say no (Stu001):

I am quite good at gauging my own emotions now in terms of when things are getting a little bit too much and to disengage from that and be able to regulate my own emotions (Stu003)

I think I do cope with stress quite well anyway. I've had a lot of stress within the training and I just crack on with it (Stu003)

They also recognised the importance of the support of family and friends:

I have a great family and I have a great husband who is really supportive and we talk about everything so that is quite good...so when I get home from work even on placement and things...I can just rant at him (Stu003)

Also important was accessing support and asking for help or advice (Stu008):

I recognise sometimes a little bit of stress can be a good thing, so sometimes it is positive and sometimes it can drive you to some things that you don't necessarily want to do but you know you have to do, so I know I will access support when I need it (Stu001)

Some interviewees had done no extra planning for the transition, as they felt their placements – and in particular their final placement – would be adequate:

I guess my viewpoint would be is that my last two placements has prepared me for that...the level that I have been working at...which has been fed back to me by my mentors and peers is that I have been working at that role already (Stu005)

We haven't got any academic work over the final placement so very much for me I am going to use that to practice my autonomous nursing skills as much as I can (Stu001)

Placement

I want to go somewhere where I have had a placement and I would always start somewhere...you know how things work...like are you allowed to pinch the milk...they know your work ethic...they know what you are like (Stu002)

A major theme was how useful the final placement experience had been:

I think I have been very lucky with how things have worked out...my mentors on my placement both knew that I was going into community as well so I suppose they were a bit more forthcoming about how to do things because they knew very shortly I would be doing the job myself (Stu008)

Often, placements had led directly to a job offer or had been a factor in choosing their upcoming NQN role:

I have been on placement with the access team more recently, they kind of nicked me to a certain extent, basically what they have done is they have invented this rotational post... right time...right place and they've offered me the positions (Stu005)

I have already been to XXX (name removed) on an 8-week placement there and I absolutely loved it and I know the staff team and all the patients and it was somewhere I was drawn to so as soon as that job came up I thought right I'll apply for it...it was that familiarity that swayed it for me (Stu004)

Some had been proactive in the run up to the transition, having already done some personal research or preparation or made early contact with a view to building a relationship:

I asked my preceptor if there was anything I could be working on...she suggested a couple of books that I could get... (Stu007)

Over these past few weeks I have started building up a booklet of things. So I've done some medication cards about the medications used on the ward why they are used...contraindications just so I have got a little thing that I can pick out if I need it (Stu004)

Some felt that the university had not given them any specific preparation for transition: however, the course itself provided preparation:

There is nothing that I feel they haven't done...if that makes sense (Stu005)

I really don't know what you can do, at the end of the day you are out there on your own kind of...and it's getting on with it and you should have taken from the course

programme what was delivered in it and if you haven't chosen to do that...that's your choice (Stu002)

I believe the university are there to teach you and you use those skills to be able to go out there but you are obviously an adult and once they have done the teaching you should know how things work with your placement so it is up to you to be able to sort of (pause) deal with the transition yourself (Stu007)

Many interviewees spoke about what has helped – or may help – their transition and the final placement at their forthcoming place of work was seen as important:

For others who are going into an area they have not worked, it will give them the opportunity to meet people...you know the code for the door...silly little things, it will make them less anxious on the day they start (Stu002)

Interviewees agreed that having the dissertation set earlier in the year helped enable them to focus on the final placement and their practice:

I felt they made the 100% right decision changing the dissertation to earlier in the year...it made these last 12 weeks, the final placement a lot easier (Stu005)

Having our dissertation in earlier on in the third year and the other assignment and the reflection all at the same time made things a lot easier whilst we were on our last placement (Stu008)

Understanding what colleagues expected of them in their new role was useful:

I think it would be helpful if there was some way they could say expect this, expect this and expect this and then it may come to this and it would give you some kind of coping mechanisms in your last 6 months of your training (Stu003)

A theme running through the interviews was how much the nursing students talked – and listened – to other NQNs, nurses and professionals when forming their opinions and the University could exploit this existing unofficial channel of communication:

I think if there were other students who have started and came back and said...this happened and this happened...this is what you can expect because really no-one knows what to expect at all...if you had some speakers to come in who have gone into nursing within the last 2/3 years to come in to say...I found this and this, I think that would be a really good link with the University (Stu003)

More clinical skills, paperwork training and university support during transition:

The training is great in the sense of the placements and what you are learning, I think the practical side of things could be a little bit more (Stu003)

I would have changed the contents slightly of the final year...I think we should have done a lot more work around capacity acts, sectioning, legislative paperwork (Stu005)

Some form of bridging or support from the University in the first few months (Stu003).

Support needs

I think the biggest thing is the sounding board, I think it will be really helpful to have somebody to say I've got this to do...if I was in this situation what do you think (Stu003)

Everyone interviewed identified support and encouragement or someone to talk to – either colleagues or peers – as crucial for successful transition:

I know there is one nurse who is really good at doing it and they talk about incidents that have happened during the day which is one thing I think is really important and then I know one of the staff nurses...she is really good at pulling you to the side and asking if you are alright (Stu004)

I am hoping for an approachable charge nurse so that I can discuss issues (pause) I expect a lot for myself straight away and I know the reality is going to be very different so I would like a team around me that can support me (Stu001)

Interviewees also valued formal support from a mentor or preceptor, although there were some doubts about the reality of this provision for some:

I think I would benefit massively from a proper preceptorship programme...I don't think very many places have a good preceptorship (Stu001)

I'm hoping my preceptor would be approachable...it's a hard job and they are stressed as well but if you are in that position where you are a preceptor for somebody I am hoping they are patient...I am hoping I get somebody that I can just relate to (Stu003)

I'm doing the preceptorship programme with XXX (name removed) and I have heard it's a really good programme...so I'm not worried (Stu004)

Some interviewees felt they would need support in their particular clinical specialities. Some workplaces provided specialist training, including care and boot camps:

ICU...they do, do a really good boot camp where you are there every day for two weeks Monday to Friday...I am preparing myself really to try to enjoy the boot camp and get as much from it as I can and then observe as much as I can (Stu002)

I've just done a care camp preceptor type week and that was like a whistle stop tour of everything, it was like information overload for my head – it was good because it covered most things (Stu006)

NQNs at one month post qualification

Leading up to becoming a NQN

Well I wasn't looking forward to it but at the same time, I was excited but it was also a daunting time of the year as well (NQN003)

When asked how they felt before starting their first role, the majority of participants discussed things they were looking forward to and things they were concerned about:

Oh I was excited obviously but at the same time I was like...oh my god because I was moving from XXX (name removed) to [a new city]...and moving house and I had no idea where I was going (NQN006)

Participants were looking forward to being in uniform and being a qualified nurse:

Yeah I was just looking forward to being in a blue uniform and being an actual nurse....able to say I'm a nurse now sort of thing (NQN004)

Just looking forward to being in post and not being a student any more (NQN005)

More specific things e.g. the pay cheque and continuing learning were also mentioned:

The pay cheque definitely for me was something to look forward to...after doing 3 years of unpaid work...it's nice to do something you like and get paid for it as opposed to being a student and not getting paid (NQN003)

I was really looking forward to meeting the new staff and just learning really, because there was a lot of things that I haven't seen before (NQN008)

NQN002 and NQN003 referred to 'coping' and the increased level of responsibility:

Just being able to cope yeah...you get the whole lecture about what you need to do to keep your pin and stuff and you read through the NMC hearings and you, and you think wow...what have I signed up for? (NQN002)

The responsibility, the step up....having everything on your head, not being able to say sorry I'm a student I'm not actually the nurse (NQN003)

Others were concerned about 'fitting in' and 'being in a new environment':

I was worried that everyone in the team wouldn't be nice, so that was my main concern. I had been on placement there so I knew most of them and they were nice but there were some new people so I just hoped that I would fit in with the team (NQN004)

Just new environment, you don't know where everything is and stuff like that, just usual worries...Yeah, you don't know the people, stuff like that, but it's nothing in particular (NQN001)

Preparing for the first role

I think your mentors in your placements prepared you a lot more.....saying like look this is going to happen when you are qualified and you are going to have to deal with it by yourself sort of thing (NQN008)

Specific modules or lectures, help that was given by university staff when applying for the NMC register and the University's simulation suite were all cited as things that the University had done to help prepare students. However, one of the most commonly cited things (cited by seven out of eight participants) was the final placement:

Your sign off placement, your last one cos that's when they encourage you, you have to show on that placement you are as good as a band 5, doing a job that a band 5 does with support obviously but....you need to be at that level to then be passed cos then in a month's time you are gonna be a band 5 (NQN003)

An interview between student, mentor and academic support tutor had also helped:

When we did our final placements we had a triangulation interview with our AST yeah....So they came in with our like mentor and our final placements, my tutor she was

like....is he capable of being independent and being a staff nurse? And it was like....what do you need to put in place to be able to be an independent staff nurse....cos its only like 6 weeks away at that point from being a staff nurse (NQN002)

Location was also relevant to confidence when starting in a new role:

My friend had been on the ward so she felt a lot more confident with....doing things like IVs and things like that with people doing them with her...definitely...a lot more confident than I am and I think confidence has a lot to do with our last placement (NQN004)

For one participant, working on a ward would have helped:

A long time since I had been on a ward, and done anything wardy, so it had been like...since like end of Feb...March time since I had been on a ward, and then we weren't starting until end of September...October so there's a long time with completely different work (NQN004)

Another NQN who had undertaken their last placement in the location of their first role reflected positively on the support that they had received:

I decided I would do my last placement where my job was going to be...I think it's probably the best way to do it, because you are supported as a student more and then you've got an idea of what you are going in to (NQN005)

However, there were disadvantages:

With A&E being really stretched...if they know you have a job there and you are going to start there as a qualified nurse in only....a few weeks say, they are going to start pushing the boundaries of student to nurse (NQN004)

Some preparation provided by the university was regarded ambiguously. Whilst no participants spoke of this type of preparation being unnecessary, some used phrases such as 'scary' and 'panicky' in relation to being lectured about liability:

In your final year of Uni they do sort of put the fear of God into you a little bit in regards to sort of liability....oh you could end up in coroner's court if this happens, and you've got the keys, you were on the shift, and it's on your back...That was quite scary (NQN003)

So many people showing us like millions of different people who have been struck off the register for all these different things and sort of....you feel a bit like panicky about that and a bit like....basically you're just covering your back constantly (NQN004)

Personal Preparation

I read a few times, brushed up on some basic information about like common drugs that they're using, and like I read a bit of a new policy that came out (NQN003)

NQNs prepared themselves by reading prior to starting:

I read a bit more on the, on like the ICU setting and what not (NQN002)

I was starting in winter so we got a list of like things...like illnesses to look up so I did a bit on that which is something I wouldn't have done before a placement (NQN008)

Finding ways to integrate and connect with others in the workplace was important:

I was contracted as a healthcare assistant which I think it was helpful because me being in a new environment, I just had the time to get my head around where everything is, meet the staff without being stressed out how to cope with the nursing job (NQN001)

I'd met quite a few of the staff so they'd put you in like induction days and stuff so it's quite, quite good and then on the first day I started there were some people who was on my induction day so there so you kind of had a few familiar faces (NQN008)

Expectations

I knew that there'd be constraints on how much time I could spend with patients from my experience on placement [...]But I didn't think it would be as bad as it is, I thought I'd get a bit more time with people...but because....it's because it's admissions, it's the nature of this unit (NQN005)

Expectations about some aspects of the role did not quite match reality. NQNs talked about constraints on time spent with patients and 'delegating':

Being like a band 5 and having health carers that I can like delegate to... quite looking forward to being a team leader and you know delegating roles and running things with other people (NQN005)

I didn't think about it as much as I should and cos it's.... health carers that have worked there for 40 odd years and they just know more than I will know for a long time I imagine and delegating to them is actually a lot scarier than I thought and finding the right way to broach things (NQN003)

The subject of stress recurred throughout participants narratives and crossed over with other themes such as 'expectations' and 'support'. For some it was more stressful than expected (NQN003) and for others less so (NQN005 and NQN006):

I knew it was gonna be stressful....it's more stressful than I thought it was going to be
(NQN003)

Yeah probably wasn't as stressed as what I thought I would be (NQN005)

To be fair I did think it was going to be more stressful than it was (NQN006)

NQNs also spoke of feeling that other people had expectations about their level of knowledge and skill, often by virtue of being 'technically' qualified:

I think more is expected of you because you're technically qualified, you've done the degree...you've finished your degree (NQN006)

With that white uniform relatives look at you and you would tell them like well I don't have the answer but I will find out for you and they go oh yeah, and now I'm perched on the end of the bed with the relative I'm speaking to and I still don't have the answers but there's an expectation I should have all those answers (NQN002)

Participants also noted how other people's expectations of the NQN can lead to what was perceived to be a difficult situation:

People expect a lot of you because it's so stretched and busy it can be difficult to say I'd really rather you watch me do this or rather have you do this and I will do something else
(NQN004)

Because you are still anxious about what you know because everything you've learned is still new...so yeah it was difficult. I think like with preceptorship it was more...oh [she] knows what she's doing, she's on the ball, and she'll sort it out because I am quite an organised person, I am quite on the ball (NQN005)

The First Month of Practice - Support

I think I just wanted some supervision to sit down and talk through things, what their expectations are, what mine were and to have that on a regular basis really (NQN005)

The support needs of NQNs differed:

There's a lot of things, like I'd worked over at ICU at XXX (name removed) which is all cardiac and surgical and now it's all like car crash and suicide attempts...and it's hard when you've got somebody coming in who's like in their early 20's or something and have taken an overdose...and it's like...the same age as yourself (NQN002)

Participants emphasized the need for 'sitting down and talking' (NQN005) or 'reassurance' (NQN006):

I just needed like reassurance that I wasn't doing anything wrong I guess....um sounds a bit needy really...feedback and things on...you know if...not if you do anything wrong but if you have just done something new and I mean giving you a better way to approach things (NQN006)

Participants spoke positively of mechanisms or initiatives that were available in the

workplace these included psychologists who offered reflective practice to NQNs, de-briefs, preceptorship groups and regular one-to-one meetings:

The manager's mine [preceptor], she didn't know me and she's like (pause) the best person in the world...she's a nurse of the 70's, she knows everything. She's scary, she terrifies me still, she is one of the most intimidating people in the world but she knows the job so well and she understands sort of the value of supervision and regular supervision. Cos the other two girls, the newly qualifieds have not had much supervision yet whereas I've (NQN003)

Yeah it's worked really well because it doesn't feel like a mentor and a student sort of...it does feel like....somebody who is there that I can speak to that I can go to if I've got any worries (NQN007)

However, availability of support was often dependent on how 'busy' staff were:

I'm not IV trained yet in A&E...so when I need to go into an emergency situation I have got another nurse with me as well so it is quite good...she'll just kind of stand back and if I need anything doing then she will step in unless it's really, really busy (NQN008)

On the workplace thing you can always go talk to someone, but whether it's they have the time for you or if there is someone you can talk to (NQN002)

I don't think we are going to get a massive amount of support. My preceptors are lovely but it's really busy so the amount of times you have to sit down and go through the things you need to do, and things like that...it's not massive (NQN004)

Support of the wider team was also a recurring theme; as illustrated by NQN007

Our managers and everyone's really supportive, the lead nurse will walk round and make sure we are all alright, our manager makes sure that we are alright so...we all support each other...if you do get upset there are people there and the nurse educators, they make sure their door is always open and you can go and speak to them (NQN007)

Many participants made general comments referring to staff being 'nice' and 'friendly' and referred to specific things that the wider team do to make them feel supported:

It's a really supportive unit, I feel everyone is very friendly (NQN002)

Everyone is really nice and everyone get on and looks after each other (NQN006)

Mo one goes in to assess on their own and although I'm a band 5 so newly qualified I'm quite supported in the team, people tend to come back and say ok I've seen this person, this is what I'm thinking...it's quite a shared responsibility...I don't know if it's just those in the team that we've got but I feel really, really supported (NQN006)

Another nurse spoke of being supported by a senior nurse who gave them the opportunity to work independently:

One nurse in particular, she's a senior nurse and I always feel safe when I'm working with her...she gives the opportunity to be independent... to let me go onto jobs and if I'm struggling I know she always will be there if need to ask questions (NQN001)

Peer Support

even when you go home and you're like this is what I do and I don't know what's going on and I don't know what to say to people and when you meet the other newly qualifieds and they are saying the same things as you...and you think it's not just me, I'm not being crazy...so it's really helpful (NQN006)

Other NQNs (who may or may not work in the same team) provided peer support:

Honestly it's the other newly qualified nurses here that have...really helped in the first few months I mean...like feeling a little bit overwhelmed afterwards and...actually having people that are going through that...really helped as well because you don't think that it's just you...you know (NQN007)

We all have a monthly meeting with everyone else who is newly qualified...knowing that there's a lot of people, it's not just you and you're like...other people are feeling the same way about documentation and things (NQN006)

NQN006 referred to the fact that the group helped them to know 'it's not just you' and the value of peer support as something that helped to normalize any worries or concerns.

Lack of support

I didn't really have somebody to sit down and say....this is your supervision, this is the support you are going to get, this is what we are going to do and I just thought I needed that really...you still need a bit of nurturing and good feedback (NQN005)

Some NQNs provided anecdotes about how other NQNs had not been well supported. Only one NQN who took part in an interview had themselves received poor support.

Looking beyond the first month

I'm gonna stay for 2 years...is my goal. But I think the reason I went to [current work place] is because I'd heard that it's a really good place for newly qualifieds to get a really good basic knowledge... and I want to go into the army in the future to do nursing (NQN003)

Discussion of the NQNs career plans was not explicitly part of the interview schedule however, some participants discussed this unprompted. One NQN had already left the profession and was returning to a previous role:

I don't think it's as much for me as I thought it was...(pause) and I think I've probably reverted back to where my experience is...and that's probably where I feel more comfortable (NQN005)

Other participants such as NQN003 cited a specific period of time that they were planning to stay in their first role before moving into a different area of nursing.

NQNs at nine months post qualification

Expectations

Once you've got your blues on...people don't know how long you've been there. Immediately, doctors you've never met think you've been there 10 or more years and they're asking you questions you really don't know (NQN9006)

Most spoke of mixed feelings about starting their NQN role:

Mixed emotions really. I think I'd kind of built up the excitement of three years of training to be qualified but then it was surreal really that I was qualified and the onus was all on me (NQN9004)

For those starting their first role in an area they had already had a placement – and especially their final placement – anxiety was lower and confidence and excitement higher:

I was excited, I wasn't anxious at all...I'd got to know the staff, got to know where everything was....so I asked if I could stay there, so that transition of student and coming into the new role was a very gradual sort of (NQN9001)

I was probably really anxious to be honest, but probably not as anxious as I was when I started as a student because I already knew the staff, I knew the ward, I probably knew what was expected (NQN9007)

However, for one interviewee, this translated into over-confidence:

I thought I'm really, really confident, can't wait to get started so I can do all these things that I've learnt and then it was a massive shock to the system once I started, because I thought I was probably a bit over-confident (NQN9006)

For those who had not had a placement in their first role, a different story emerged:

I was a bit anxious yeah, all my training I'd done whilst at University was at [setting 1] but it was at [setting 2] I got my job at so from that front I was anxious (NQN9002)

I was confident because that was my placement...so I knew every part of the ward...to me that was a comfort zone, that was a blanket. That was taken away when I was [moved to another ward on my first day] and I was confused (NQN9008)

Whatever the level of familiarity, there was still some trepidation about the reality of heightened responsibility and the prospect of 'transition shock':

The minute I put the blues on...it did change, I started thinking...if I do something wrong it's gonna lie on me you know (NQN9001)

Before starting as a NQN, interviewees were looking forward to working as a nurse, no longer being a student, and a sense of achievement:

I think I was just looking forward to actually having a job...rather than studying and being able to have a bit of a, you know, normal life (NQN9003)

The day that I put on my blue top...I felt really good, I felt really proud that I'd managed to get through the course (NQN9005)

Interviewees were looking forward to settling into their role and team, and becoming autonomous:

Having a new challenge with the job... doing it independently as well as sort of making these new relationships in the team...I was excited to work with the team because they were supportive (NQN9003)

Aside from the pay? (laughs) I think it was just being trusted, so it was like having that responsibility, knowing you are finally competent within your role and crack on with your meds (NQN9006)

Continuing to learn and improve skills was also anticipated:

I like to progress and the more I learn the more useful I feel...they've got a lot of training...I do enjoy learning at every operation, every operation is different, every patient is different, there's so many different co-morbidities (NQN9001)

For me it was just being able to put myself on all these courses...cannulation, venepuncture, male catheterisation, the things that I'd watch previously thinking I wish I could just do that (NQN9006)

Concerns

I think as a student nurse you kind of always have a safety blanket, but when you qualify that's kind of it now, it's you and you have to take the reins now. Can I actually recognise the change in this patient? Or do I know what to do? I know that's silly in year 4, but it's just the anxiousness of will I be able to cope? (NQN9004)

Interviewees were also asked to try to recall what they had concerns about just before starting as an NQN. NQN9001 identified the 'not knowing what was going to come through the door' and others getting adequate and timely support in becoming an autonomous worker:

I expected there might be some times when you have to look after patients on your own and sometimes it's very critical and sometimes you have conflicts...that was one of the

things when I was qualifying, even now I still struggle that I have to look after all the patients on my own (NQN9008)

Other skills, such as confidence and liaising with a multidisciplinary team, were mentioned:

Liaising with doctors...no matter how many things you've got in your CAP document or Pebble Pad then they say you should be liaising with a multi-disciplinary team, you do all the time but you are so nervous to liaise with doctors (NQN9006)

Almost all those interviewed expected the nursing to be stressful – and many reported it was even more stressful than envisaged, especially during the 'transition shock' period:

As a student you have somebody covering you... the day you put the blue uniform on everybody is looking to you as the nurse...if you make a mistake it could be really bad for the patient...it's a massive responsibility. I've got a PIN number that I guard with my life (NQN9005)

How participants coped with and managed that stress varied and previous experience of healthcare could – but did not necessarily - help in anticipating NQN stress levels:

It was more stressful than I'd envisaged...on ICU...the stress that I had on there was making me feel unwell (NQN9001)

I thought it would be very stressful because I remember when...I first took a role as a learning disability nurse...I remember kind of being thrown in the deep end and you just have to kind of run with it (NQN9003)

In all honesty I didn't think it would be half as stressful as it is. Things have come out of the woodwork that I didn't expect. I was an auxiliary for four years prior to the ambulance service...but as a nurse there's so much expectation and pressure with relatives (NQN9006)

One spoke of how both personal traits and skill development helped them to manage stress:

University does touch on it, on how to talk to patients, but I've taken that how to talk to patients and adapted that...I think it just came with time and everyone says how on earth do you keep so calm when someone's really screaming in my face (NQN9006)

Support from the wider team, counselling and reflection was also mentioned:

It's manageable stress...it's probably going to be down to the team...every member of the team are a really amazing nurse and I think if I ever felt stressed I would just speak to one of them and I think that makes all the difference because they make you feel a lot more at ease (NQN9001)

The other thing they've got is like counselling...when you start there is somebody who is entrusted for you I think I've used it 2-3 times...it helps you get a clear picture, because you re-live some of the experiences and you learn through those experiences (NQN9008)

However, support cannot mediate stress if the pressures are unmanageable:

I was already working above and beyond the hours...I did say that I couldn't cope with that and they were setting me up to fail, but they went ahead and did it and I got behind on like 18 cases...then I got sent on occupational health then I got sent on resilience

training which was a bit of an insult really...it's not rocket science to add up the hours of how much you can do (NQN9003)

Unfortunately, for NQN9002 the only coping mechanism was to move role:

I feel the only thing that would help me manage stress is to be in a less stressful environment...I don't think I would benefit from any counselling or talking therapies other than those which I've got in place with my own friends and family (NQN9002)

Preparation

did Uni prepare me for it? I wouldn't say so...because I don't think there's a way you can prepare yourself...I think it's important that they highlight exactly how stressful it's going to be going into nursing (NQN9001)

Generally, little self-preparation had been done prior to starting work. One had used their dissertation to focus on clinical area; another had arranged to visit:

I chose to do my dissertation on secondary traumatic stress...I did that because I wanted to know how I was going to feel going into the ICU role (NQN9001)

I'd visited once because I didn't know where the ward was...I feel it was quite a welcoming environment...in terms of starting I felt quite confident...I feel I would have been more anxious if I didn't visit beforehand (NQN9002)

Some felt that the HEI has done little to prepare them, others that they had done just enough. Some felt it was difficult for the HEI to prepare them for the shock of transition:

I think we did a couple of lectures on obviously preparing in the sense of the NMC and everything...I think there was like a discussion on...what you thought was going to happen...it's a transition. So, I don't think the university can do anything (NQN9004)

I don't think the university...can really prepare you for what's about to happen...in each area you are going to find something so drastically different. I think university does prepare you for example conflict management, anger management, that sort of stuff but it's not specific to your area (NQN9006)

The role of the final placement and support received was critical:

One value experience I had which contributed to a smoother transition on the Uni side was having my final placement where my job was...I would recommend that if possible (NQN9003)

A year 3 student mentioned the STaR project and how I think on their last placement they're going for a week to where they are going to work...you get more familiar with everything, that would have been a massive help (NQN9004)

NQN9005 felt that their placement experiences had not been adequate to prepare them:

Some of the placements I got sent on were...not, erm, practical enough for a nurse. For instance, in the third year 9 months from qualifying as a nurse, they sent me to look at NHS funding...I did a placement on outpatients as well and I found that to be extremely challenging (NQN9005)

Some interviewees felt the HEI could have done more to 'smooth the transition':

It was a bit wishy washy and I know it's not to do with the university but the preceptorship package and all like the competency stuff, it wasn't smooth and it's not, everything was kind of bitty and no-one really knew what had to be done (NQN9004)

I think the university should maybe have some sort of input with it...I didn't feel like I could talk to my preceptor purely because of a pride reason, if I could have relayed it to someone from the university to say it all feels a little bit rushed then that could be passed onto my preceptor (NQN9006)

Practical and clinical skills preparation was also mentioned:

I think that the practical skills that you learn at university...were really small...I mean you learn how to wash your hands...we were ill-prepared for mixing lvs, putting lvs up, medication ... because when you hit the ground running, as you are expected to do when you first qualify, it's really difficult to get your head round the practical skills (NQN9005)

Support

I think you almost need to be led by the hand by an experienced nurse who can show you the ropes...makes a massive difference when somebody goes out of their way to say, 'hello, how are you?' 'Is everything ok' (NQN9005)

Adequate and appropriate support – whether formal or informal – was a common theme:

[I needed] support from my colleagues...it took me a good few months before I got properly settled with my own patients, not needing help a lot of the time...even now I'm still asking questions (NQN9002)

You need to have a really good experience in that first year and I think if we throw everything at newly qualifieds when they first start, support, anything they need, I think you'll keep them happy (NQN9006)

Adequate speciality training was mentioned:

This is my biggest point...for everyone that's newly qualified I definitely think that maybe once a month there should be a half-hour or maybe an hour teaching session from someone on your ward who's been there for a while, maybe a Band 6 or 7, to discuss everything that you should be picking up on in your area (NQN9006)

I've been approached...asking if I can help this year's cohort so I will give them a talk on their boot camp...about the transition going from student into staff nurse...how I felt in that transition and if they've got any questions on how I felt...we didn't have anybody to talk to that had just qualified (NQN9001)

Some felt they had received little or no support:

We maybe needed a little bit more in place to kind of help us with the transition...still I haven't had a review...weekly talks in general would have been beneficial (NQN9004)

I think that supernumerary is a waste of time...my ward was struggling to cope with staff, they saw another pair of hands, they chucked you in your blues...let's get you quickly signed off on your meds...we still wanted that supernumerary time properly (NQN9006)

In contrast, many had had positive experiences of support and being given an adequate supernumerary period and time to settle and build confidence was key:

I was supernumerary from September from when I was like an auxiliary...until like the start of January...I could develop, take my time...when I first started I was looking after the most well patients and then they would transfer me to the least well...I felt quite comfortable (NQN9007)

Hhad a bit of a wobble. I asked for support...I said I'm sorry but I need some support here because I'm finding things quite difficult to get my head round so they gave me an extra four weeks of supernumerary...I found that to be really beneficial (NQN9005)

NQN9006 had been given more time on some tasks than others:

My mentor, who was also my preceptor, I think it was a ridiculous amount of meds rounds we had to do together...so I got signed off on that, but there were other things that came along and it was right we know you've done this (NQN9006)

Being supported by key individuals and the wider team had been critical to a good transition experience, just being able to ask questions was enough for some:

I have a mentor from when I was a student as well and I can't fault her input, she's helped me enormously...I've had loads of support from her and I've had a lot of support from the team so I don't feel shy of asking the dumbest of questions (NQN9003)

I didn't have a preceptor...everyone on the ward kind of took charge... I had two mentors when I was on there when I was a student so I think it kind of went from there

and...I was quite happy with that...if I was struggling or whatever I was never afraid to ask questions (NQN9007)

Interviewees were asked about the experiences of their peers who had qualified at the same time. Some had experienced difficulties, others not:

A fellow graduate, he works on A&E...he's been in a right state and he really wants to leave, he's thought about leaving the care profession altogether.....a lot of my colleagues on ICU that was in exactly the same boat as me, not sleeping, not eating, drinking properly...

(NQN9001)

My other friend who went to another ward, she has regular talks with her manager and I think it was quite a good preceptor package that she had (NQN9004)

Training/facilitated learning to date

...there was a workbook on everything really and there's masses of training that you do in your first few months so you can actually do ... because there's nothing more embarrassing than having to put an IV up for somebody in your first couple of months and you can't do it because you haven't had it signed off or whatever (NQN9005)

Interviewees were about asked access to training or facilitated learning during their first year of work and responses varied however some had only had mandatory or minimal training:

When we did first qualify, we all went on boot camp to XXX (name removed)...I found that so important, I really thought that helped in that transition (NQN9001)

We've had 'Let's get started'...you've got the in-house training days, I think there's one every couple of months... they talk through new conditions and things that happened in terms of management (NQN9002)

Some spoke of being discouraged to access training or having to push to get opportunities:

So the mandatory training you do when you first start... from there I thought what possible skills can I learn and as an auxiliary I always did venepuncture so I got straight into that again, then I wanted to learn cannulation...male catheterisation I've got coming up... the whole IV medication, that was all really delayed, there was a lot of stuff around, 'oh we don't think you're ready for it yet' (NQN9006)

I'm coming up to nearly a year qualified, doing bloods...but it was received quite badly when me and my colleague said that we were going to start the training, they said 'well I don't think it's something you need to be thinking about at the moment, you need to be getting the basics' (NQN9004)

Some were taking training or felt they needed training particular to their specialty:

I feel I've had...little provision of trainings for neuro-surgical other than word of mouth. I would have enjoyed a specific neuro-surgical training course...an insight into all the basic conditions (NQN9002)

I feel there's always more training [to have]...there's quite specialist aspects...there's a medication [where]...there's a strict fluid balance in the patient, but this is information I wasn't privy to until 5 months into working on the ward (NQN9002)

At the moment I'm doing the other training about giving IV by PICT line and most people come to our ward with Hickman Lines that they get for chemo... I think communication [training also], I think especially in the area of end of life because it's not just about the patient, it's about the family (NQN9008)

Reflecting on first 9 months

I feel a lot more confident, but when I first started I was asking lots of questions...I understand more about what is happening to the patient when I do certain things. I'm happy now with IVs and all the other bits and pieces that go with nursing (NQN9005)

Interviewees were asked how they felt now – nine months or so into their career as a nurse - compared to how they had felt in those early weeks. They generally more confident:

There was a situation that happened in recovery not so long ago and...I was straight in there, we need this, we need that, can you go get this, get that and it was instantly I found myself taking charge of the situation (NQN9001)

They also felt that they were either settled or still in the process of settling in:

My expectation was I need a good 6 months to be you know what I mean, settled, I think realistically it's taken me a bit longer (NQN9003)

I think now at 9 months I feel a bit more settled than I did when I started (NQN9004)

Although some were still anxious or stressed they were enjoying being a nurse:

I enjoy thinking what I'm going to face then obviously thinking that I can make a difference to my patients' day really, that's what I enjoy, knowing that I've made a difference (NQN9004)

I still love it, yeah, I do enjoy it you know (NQN9008)

The interviewees were asked if – with hindsight - there was anything they would have done differently. Some felt they would not change anything, but others would have changed their first role destination:

I would probably have started off in A&E, you get so much time with the teachers down there and you get so much training and they really do prepare you for the role, whereas where I went I wouldn't get that much time (NQN9006)

I wouldn't have gone straight onto ICU...I would have had a year's training elsewhere first before going onto it (NQN9001)

The other major theme was getting adequate support in a timely manner:

Probably speak up a little bit more...I think maybe I should have been a bit more forward and kind of asked to speak to my manager and maybe I should have said, 'I'm struggling with this' (NQN9004)

If I'd done anything differently, I would probably have contacted university to ask if there was any further support I could get...I'd have swallowed my pride...I think I put too much pressure on myself and I shouldn't have (NQN9006)

Clinical Leaders

Key issues and expectations

one of the newly qualified nurses I spoke to last week her words to me were 'there is such a difference between being a student and being a qualified nurse'...whereas others just take to it like a duck to water and doing really well (Clin004)

Clinical leaders reported that the issues experienced by NQNs were partially because they had unrealistic expectations of their new role. Individuals reacted differently to stress:

Out of the 10 that have just started with us, 5 are newly qualified and I would say 75% of them are using that stress wisely and well and using it as a driving force... the other 25% are buckling a bit under pressure (Clin004)

Confidence plays a role in how individual NQNs cope, this can be innate, or gained through previous experience of caring or, for those older NQNs, life experience:

There's two types that go in, there's the type who say, I've been a student nurse for three years and I'm a new member of staff and I don't know things because I'm just recently a student ...on the flip side we get those...who go in very confident and say I've been a healthcare worker for ten years... and I know everything now, and they go in like a bull in a china shop and they upset lots of people (Clin001)

Sometimes we get nurses who work as a bank auxiliary, they have gained a lot more experience and appear more confident...then we could get a newly qualified who has been in community...they haven't been on a ward for a year so they seem like a student (Clin003)

Those who had significant time at their first role destination prior to qualifying experienced fewer difficulties:

Where they were able to do the last placement, the last 12 weeks, on where they'd got the job, they came in, they got their blues and they were ready to go... they've got it set, they feel supported... that was the best thing for confidence... they felt part of the team, they had great confidence, they knew where they were going (Clin003)

If they've had a placement with us, they have an idea of how stressful it's going to be (Clin004)

It's quite overwhelming...maybe they have been asked to work in a team where they haven't had a student placement...in that team, they might not have worked in the trust even and there is a lot to take on (Clin002)

Also, issues could be magnified in particular service/specialities:

We've got intensive care in one room, high dependency in another room and special care in another room and the area that they work in is proportional to the amount of stress they experience (Clin004)

If you go into a small service where there is a 20 or 30 bedded unit and there is a smaller team...those staff they have a bit of a better start. The larger services where there's 90/120 beds and the vacancy rate is quite high...you have to hit the ground running a bit (Clin001)

Interviewees generally acknowledged that transition was difficult for most, particularly with regard to the increased responsibility and workload:

There is an expectation that the shift from being a third-year student to a fully qualified nurse is huge and I don't know how we broach that gap (Clin005)

[They] can come in on day one to three patients having a fight...and someone else is being given an injection whilst they are under restraint...if you are a student you might be ushered off ...as a nurse if it's a bad day you are there, you can't go anywhere (Clin001)

That transition phase from being a student supernumerary to being a member of the team, they are responsible...and can't sort of step away...it's that responsibility and accountability that they fear the most and it takes them a little while to embrace it...we give them three or four patients to look after on their last placement...but...now they've got six patients as a minimum (Clin006)

For those students entering the NHS, they are joining a service already under stress:

There is a lot of staffing issues...the newly qualified who attended our group...said that maybe a month in they were just overwhelmed...the clinical pressures and the team pressures and the staffing pressures (Clin002)

There's a lot of staff sickness...they are trying to consolidate everything they've learnt with a bigger workload...they are leaving the ward at the end of day feeling dissatisfied that they haven't been able to do their job because they are stretched too thinly (Clin004)

They are also joining a service where the role of a nurse is constantly changing:

I'm seeing a different generation of nurses...the changes within the programme and the changes to what's happening externally...generationally there's a different attitude to what is expected of a nurse and I think when you look at the new nursing standards...the roles are extending and changing and evolving (Clin005)

Another issue identified by interviewees related to joining existing teams:

For me the hardest part is being integrated into a team...if they are working in a new team...often the team are really busy...there are a lot of different personalities...they not only ...concerned about their clinical skills and the organisation it's actually integrating into the team (Clin002)

Also, employers and the team may have unrealistic expectations:

I think it's matching their expectations to reality...I think it's their understanding of what it's like to be a Registered Nurse and be working as a full time NMC registrant... for me it's about the preparation for practise that they maybe don't get a full insight (Clin005)

There are a lot of expectations by the team and manager...when a newly qualified...starts [they] are almost expected to be a fully-fledged member of the team straight away (Clin002)

NQNS may also have expectations of the support they will be receiving:

Other things that don't match their expectations is...the support that they think they are going to get... one of the things that seems to be quite prevalent is that there's almost an expectation to be spoon-fed and not be led (Clin005)

Being supported

one of the biggest fears for newly qualified nurses is that they are going to be put onto a ward and that's it ...that's the biggest selling point for the preceptorship programme, we advertise that (Clin007)

A substantive preceptorship programme was seen as essential:

In the last 3-4 years we've provided really robust systems of support when people are newly qualified. We call it boot camp...it was 2015 the first year that we trialed it...it went really well and it's developed, it's evolved (Clin005)

[The] preceptorship academy was devised 3 ½ years ago...we looked at the preceptorship that was being delivered...I spoke with people at Universities and at job fairs and the staff that had just finished a preceptorship...from that we came back and looked at delivering additional training on top of what they do in their preceptorship (Clin001)

The one-to-one support provided was not always an option due to staffing levels:

When I qualified...there was me, two other nurses, a deputy ward manager and the ward manager...nowadays due to nursing numbers you are lucky if it is your preceptee nurse and another nurse...[we thought] how can we improve that preceptorship and give them extra support without being able to throw in an extra nurse on every single shift (Clin001)

It is imperative that NQNs transition quickly and effectively - NQNs can be seen as *a burden...not going to be much value to the organisation* (Clin007) and support during their transition needs to be robust and appropriate, *trouble shoot[ing] a lot of anxieties they might have* (Clin008). A substantive preceptorship period, in particular, was seen as a unique selling point for organisations:

It's about attracting and...engaging...even when they are at that stage of looking for jobs and provisionally accepting a job their heads can still be turned so it's putting our money where our mouth is because these staff really matter (Clin008)

The focus on retention is an important factor in ensuring NQNs are transitioned effectively:

I think it has actually made a difference to the retention of newly qualified nurses...just before it started almost all of them were leaving within the first 12 months (Clin002)

It's no good bringing them through and them going six weeks later...it's about us doing work organisationally about retention of students and newly qualified nurses and understanding culturally what we need to do to retain people (Clin005)

Induction and Being Supernumerary

everyone has supernumerary in the Trust but each location has different times...ICU maybe has 8 weeks...we always give them at least 4 weeks...on some wards they only get 2 weeks but that is not enough...I've gone up to 6 weeks, depending on the individual (Clin003)

Provision could differ between sites, speciality, or even each individual. For example, *they have two weeks induction...that can differ from sites (Clin001), or they get about 6 weeks, 4-6 weeks depending on their area and depending on their experience and expectations of the role (Clin005)*. Supernumerary status was conferred on NQNs, but the length of this period varied – tending to be between four and six weeks – but tailored for some individuals or within specialities:

For 8 weeks they are supernumerary...in an ideal world...on the odd shift that we've had recently, the odd supernumerary staff has had to be pulled into the numbers (Clin004)

They get 4 weeks supernumerary...we've extended that for one person for a couple of weeks...and in XXX (anonymised) we've extended one of our new registrants for another few weeks...so see how they get on and we speak to these individuals...do you think you would benefit from extra time (Clin006)

Induction varied in length from one day to a fortnight. Content also varied, but tended to include orientation, meeting the team, expectations, competencies, and generic training:

We tell them all about the ward, we show them round the ward, we introduce them to different members of staff...they know where the kitchen is, where to put your coat...they've got their uniform...we talk about expectations, what do they expect and what do we expect...they will be given their portfolios, there's a number of competencies within that, such as medication competencies, security (Clin003)

There is some generic stuff, fire, health and safety and more bespoke stuff, running through the electronic note system, they do that in the first four or five days (Clin001)

However, other respondents spoke of longer inductions, ranging from 2-4 months and included more specialist training, assessment of competencies and on-going support:

They have an 8 week induction, two weeks are solely in the classroom so we teach them everything they need to know from an anatomy and physiology point of view...policies and procedures with regard to medicines management, we try to cover everything ... from Admission to Discharge (Clin004)

They do work around things like documentation, medicines management, understanding the different types of patients we might have regionally...it's more about the fundamental nursing skills, they do OSCEs. So it gives them the chance to start that preceptorship pathway with quite a lot of strengths and quite a lot of reassurance (Clin005)

Preceptorship

For the staff that are newly registered that's 12 months in total, it's non-negotiable on the back of the Department of Health guidance around preceptorship (Clin008)

Preceptorship tended to last from 3 to 12 months: for most, these were compulsory:

It tends to take six or nine months depending on the person (Clin001)

We have a nine-month blended programme... they automatically get enrolled onto the programme, it's not self-selective (Clin007)

Preceptorships built on the work of the induction but the structure and content varied enormously. Common elements included outlining and assessing competencies and also skill development in relation to confidence building, resilience, delegation and communication:

In the first 3 months they have to do a competency on patients arriving with chest pain, patients with abdominal pain, patients with sepsis, patients with fractured neck femur...to try and not overwhelm them we try and split it...0 to 3 months, 3 to 6 months they have about four more to do, then 6 to 12 months, 12 to 18 months then post 18 months more advanced skills (Clin006)

One of our modules is clinical skills...it's evolved over the years...initially it was quite theoretical and the feedback was it was too theoretical...they want more practical skills we look at recognising signs in patients. Medicines management, scenarios in the clinical setting, so we create scenarios around sepsis, injuries, haemorrhaging (Clin007)

A lot of it is around the confidence so like being able to lead a shift, be able to have... conversations, time management, IT systems that we use that are quite complex within our services. That...delivers and helps improve that person's confidence (Clin001)

Giving structured and unstructured support and feedback was integral to preceptorship:

We have a station meeting and go through any concerns...after two weeks (Clin002)

We've got a probation policy...it stipulates that we meet with the newly qualified or new starters in the first few weeks...we meet up with them again at three months and then at the five and half month... however, with this being such a potentially stressful working environment at times I've made it my mission...to meet up with them once or twice a fortnight (Clin004)

Each preceptee will be aligned with a preceptor who they will work with throughout their programme and meet at regular intervals...on a monthly basis with their line manager

and preceptor...we work quite closely with the Royal College of Nursing as well, they put a programme on for them alongside the preceptorship (Clin007)

Many respondents had also introduced innovative practices to improve transition. Early contact and support – a kind of ‘pre-preceptorship’- was mentioned:

We will have an open day for newly qualifieds...they can go onto the wards, look at the department...they can come for a day to shadow a member of staff (Clin007)

I get to know them at induction. When we take them away to a hotel, we get to know quite quickly who might have a few problems (Clin001)

This particular time around I invited them to come on the ward...so that they could meet me, have a quick look around the ward if they hadn't already been here and just to answer any questions before induction (Clin004)

If they've got a job offer in our Trust...while they still belong to the university...they've got an opportunity to access our corporate and support circuit because we are quite a diverse trust, it can be quite faceless...so by letting them meet key people it strengthens the connection (Clin008)

One clinician described a scheme to take pressure off NQNs in the first few months:

We give them a badge that says new Registered Nurse and we say to them...it's up to you how long you want to wear it for because as soon as you put the blue uniform on people think you know what you are talking about, other colleagues, especially in a specialty like ours...it was just so they could acknowledge how anxious they are coming to a new

environment, being a new Registered Nurse and part of their resilience they need to be able to say I'm sorry I don't know I will find out...it helps with that expectation...we're just about 3 months, so some of them are still wearing it and as we said, it's up to you, you can wear it up to a year (Clin006)

Another respondent had implemented a peer support group:

I established a group...nurses who were starting in an inpatient role were under a lot of pressure...it's almost a meet the charge nurses...meet the managers...it's about asking the group...is there any specific training that you think you need...to me it isn't actually the training which actually makes a difference...its actually being able to meet up on a monthly basis and to support each other and just offload (Clin002)

Also, working with other colleagues to build confidence and delegation skills helped:

It was really good because you realise what you actually know once you start teaching it...this was to learn how to delegate as well because that is one of the main things a newly qualified cannot do...and that is when they get stressed. That is why I always put them with an auxiliary ...I've got two newly qualifieds....they said, well I was nervous about starting but now I'm feeling more confident (Clin003)

One interviewee described how social media is being used to provide support:

Twitter is a really good platform to engage with...iHub...that's a really good platform...to help with recruitment and preceptorship is something called Schwartz Round...a

confidential space for clinical and non-clinical staff to come together and listen to a panel... it's a really powerful reflective forum (Clin008)

And finally, a less technological approach to helping NQNs transition well:

A little preceptorship pack...gift pack...it's just like a postcard that says welcome to XXX (name removed) then with gifts, one is a pen with the words 'communication is essential': two is a joke, sometimes you will need a sense of humour: three is a KitKat because taking a break is essential: four is some tissues for hard days: five is a highlighter to highlight the good points: six is a rubber, sometimes you make mistakes, learn as you go along: seven is a pack of Love Hearts, some days you'll need courage: and [eight] sticky notes, you are part of a team and teams stick together (Clin008)

One respondent reported that stated support was sometimes not delivered:

You hear a lot of stories from newly qualified nurses that maybe come to us a few months after they started somewhere else saying I was promised A, B, C, D and it didn't occur, but within 3 days I was handed the keys to the ward, or over the weekend I was the only nurse on the shift and I didn't know what I was doing, so sometimes you hear horror stories (Clin001)

Some acknowledged their schemes had been developed using other models, or that their schemes had inspired others.

What universities can do to help successful transition

It's very difficult to say when you're a lecturer...it's not all sweetness and light. Some days are going to be horrible...you can't be sending out that message (Clin001)

In terms of preparing students, some were unsure what universities could do, whereas others had distinct ideas:

Very difficult to say as well because it's like you said, everybody is so different...a lot of the things like autonomy and confidence come with time (Clin004)

I suppose linking into the Trust a bit more...if the lecturers and the supervisors are more aware of how practice is at the minute within the local Trust...maybe attending the preceptorship programmes or group or whatever, it may help them prepare the next students (Clin002)

The university lecturers are brilliant, they're experienced and have got a tremendous amount of wealth of knowledge...but I think it's the practicalities and the current understanding of what's going on organisationally within healthcare at the moment (Clin005)

One respondent in particular felt issues were exacerbated as they were a non-NHS employer, and better links would improve relationships, knowledge and recruitment opportunities:

It just depends on the university...some are really robust with their procedures and I think...having a closer relationship with sites, and hospitals and Trusts. I don't believe all

universities have that close relationship and I think as an independent organisation we are even further apart (Clin007)

Participants suggested that HEIs should educate their students on the job market and career possibilities:

If you were more aware about how the local trusts are working...what the clinical areas are like it would be easier to offer careers advice (Clin002)

I still speak to students who are acutely unaware that it's a buyers' market and they are the buyers...so any nurse now can go to a job fair and say ok, I'm a mental health nurse, learning disability or general nurse or paediatrics, what have you got for me? If it's not the best deal on the table don't take it...talk to them about what they can offer you, not what you can offer them...what you going to give me, what bonuses are there, what training am I going to be offered (Clin001)

HEIs should also reassure their students they are skilled and much needed and help prepare students to have realistic expectations of their NQN role and status:

You've done a three year degree, you're highly skilled...they're coming to the end of their third year and I say just stop for five minutes...what did you know three years ago, did you know about cannulation, did you know how to manipulate a hip, did you know about the Mental Health Act, did you know about autism...you didn't know this but you do now so when you go into your job, yes you don't know the same amount as everybody else there, but you've got a lot of experience to go with and have confidence with that (Clin001)

Participants also thought that HEIs needed to emphasise the importance of taking opportunities offered and actively pursuing CPD activities:

I've had a conversation with a few of them... 'right I've done my CAP document now, I don't have to do that ever again' – but your CAP document doesn't finish at university it continues throughout your professional career and now that we've got re-validation through the NMC it's important that skill of keeping a portfolio of your learning experiences continues after you've qualified... those who that I've worked with in the past have lost that ability to fight for their own learning opportunities... they haven't got that ability to put themselves forward, they get left behind... Then freaking out, putting too much pressure and stress on themselves and going off sick and consequently leaving the ward (Clin004)

A very clear message from interviewees was the benefit to all of allowing nursing students to have their final placement in their first role destination:

To allow them to come onto the ward [for their final placement]... if we've got strict guidelines it's better for the students (Clin003)

I think one of the things that was really helpful for me as a staff nurse was having my final placement in the area I was newly qualified in and that seems to be something... we don't do anymore... having had an extended placement just prior to me qualifying gave me that additional confidence being part of a team and understanding who I can go to... it almost felt like they took me under their wing and they wanted me to stay and they wanted to protect me (Clin005)

It was also felt that HEIs needed to 'step back' from placements more and that clinical practice should be centre-stage, and assessments clearer:

When they're in practise we should be responsible...the university stepping back a bit more when they are in practice and more of an understanding from the students that it is a joint training programme...everyone's got a role to play (Clin005)

I think we have to do some more practical assessments...being a little bit more structured...if...we said...as part of this assessment I want you to know ten common drugs...how they work in the body...what indications...we can be clear on whether someone is meeting them...particularly around medicines and management (Clin006)

HEI Leaders

Expectations of NQNs

I mean obviously it is a very difficult transition for anybody and you just have to expect that it is going to be hard...a steep learning curve (HEI004)

Seven out of eight participants noted disparities between students' expectations of being an NQN and the reality of what the role of qualified nurse involved:

They can be much more removed from the bedside as a Registered Nurse in terms of doing lots and lots of drugs and doing lots of paperwork. I'm not saying that none of that is important but it's not necessarily the same as what they've done as students...but as a Registered Nurse you have a different set of responsibilities really in terms of reporting incidents, writing things up and that's kind of the buck stops with you really (HEI006)

I think the reality of doing shifts and coping with the staff...the lack of the staff, I think very few of them were prepared for the emotional toll that that potentially takes on them (HEI008)

HEI006 also spoke of how nursing students can have unrealistic expectations about wanting to change practice:

I think they want to get expertise and experience but I think if they are working in a poor practice environment they often want to change care too...they often want to be change agents I think, sometimes in university we set them up to imagine they can do that and that is also very, very difficult in practice (HEI006)

Two of the eight HEI leaders suggested that nursing students had realistic expectations in relation to some aspects of being a NQN, it was going to be difficult and, that they needed to learn rapidly and expect to be in challenging situations:

I think that they will expect to be in a situation where they need to learn rapidly...I think they'd expect that... and you know they might find themselves in a situation when they don't know what to expect...they expect to be in challenging situations (HEI005)

Although almost all HEI leaders acknowledged that NQNs expectations were unrealistic, preparing them for this role was not considered an easy task. HEI001 and HEI007 suggested that it was difficult to know what being a NQN was like until you actually were one:

You can't prepare for that until it is actually upon you, a bit like parenthood...(laughs) you can imagine what it's like but you can't really until you are actually there, until it sinks in

that you are responsible for these 28 lives or...you know...a student just doesn't have to think about that (HEI001)

They get an idea of what's going on but it is kind of impossible to get to know what it feels like to be a Registered Nurse because they can't ever know that until they are a Registered Nurse (HEI007)

HEI enablers for successful transition

A real immersive simulated experience of running a very small part of a ward.... delegating and thinking on their feet (HEI006)

All participants were able to describe initiatives within their organisation or tasks that they personally undertook that were aimed at preparing nursing students for their transition to NQN. Examples included; providing careers advice and support, bringing in local employers to talk to students and automatic job offers, preparation for practice modules: final placement as preparation and opportunities to meet preceptors. One HEI leader conceived the entire three year degree programme as preparing students to become NQNs and the same participant noted that the rigorous assessment that student nurse's clinical skills are subject to also acts as preparation. The use of simulation suites was mentioned by two HEI Leaders as being useful in enabling students to prepare for practice:

They have members of staff, members of the public pretending to be patients so role modelling, acting and they have scenarios and they have different scenarios for different patients so diabetic patients may be having a hypo becoming unwell, deteriorating...there might be some ethical issues to deal with for someone else and they learn to manage a small

bay area...what do I do next...what do I need to tell the doctor and do I need to get the doctor and they are in charge basically, that is definitely what we are trying to do...becoming a qualified nurse and taking on that role (HEI006)

Although HEI005 did not use a simulation suite, the benefits of doing so were noted:

So you can set up a scenario where one crisis happens, another crisis happens, another crisis happens...how do we deal with it, now that sort of thing would be very useful I think because it enables people to see how you prioritise (pause) and what the principles are...so I think there is more that we could do and I think we are continuously developing to try to think of ways of doing that (HEI005)

HEI barriers to successful transition

students being students will focus on getting their placements done and passing their placements....making sure they've got their 2300 hours and on passing their requirements...that's what will get them their pin number but what happens after they've got their pin number...they're really not thinking about that (HEI008)

When asked what prevented HEI's doing more to prepare nursing students for their transition to Registered Nurse, responses were varied and included; '*too many students*' (HEI001) '*timetables and space allocation*' (HEI003) and '*resources*' , '*money*' and '*also the general situation with increasing need*' (HEI007). HEI008 noted the lack of space in the curricula for undertaking more preparation for the transition to qualified nurse however: they also questioned how well any additional preparation would be received by the students.

The importance of workplace support

We need to ensure there is a general community of support surrounding the newly qualifieds (HEI007)

The workplace was viewed as having a key role to play in helping nursing students during their transition to NQNs:

So I think that is what is important for nurses in transition...to be supported in their work. I'm not talking about you know giving them...I don't know....counselling, I'm talking about making parking easier and available to them giving them a better set of shifts and you know and being aware...I don't know if it suits or not but the idea that someone should be able to understand what their shifts are for weeks in advance and actually keep those things stable and that they have some sort of.....I reckon (pause) book certain holidays and such like....it seems awfully sensible to me (HEI001)

Three key areas of support were identified by participants; fostering a culture of support on wards: peer support and preceptorship. Two HEI leaders stressed the importance of supporting NQNs on the wards with HEI003 describing a (lack of) 'culture of support' and HEI004 noting that support must come from 'the full team':

It really is about the culture on the wards. Even in the one hospital there will be a number of wards that just don't do that very well and students who are new will struggle in those areas because there is not a culture of supporting new staff and teamwork and that sort of stuff but I guess that is the same everywhere (HEI003)

you need support to do it, you need somebody to say how are you getting on and all of that...and also let's say you are on a ward as a newly Registered Nurse, you need the whole ward team to be really tuned in to the fact that this is a new person....so what do they need to know in this setting (HEI004)

One HEI leader (HEI003) described how NQNs undertook a structured programme within the first year of practice and peer support was an informal element of this:

I think they do maybe 4 times a year they will spend a day sort of going through de-briefing stuff, some discussion, have some presentations...those sort of things where they can talk about issues and challenges they're facing. I think the idea of that is all students come together and they sort of get a sense of...you know they're not worried about something that's just unique to them but it is a common thing that everyone is worried about you know they're facing the same sort of challenges (HEI003)

Five of the eight participants stressed the importance of HEI's and workplaces working together to ensure that preceptorship schemes were successful:

So I think it's very important for faculty to go out, form relationships with the units, even teach them...teaching them how to be a preceptor. Some of our really great states have a faculty institute that nurses can come into...here's what you need to know about teaching students in your hospital and giving the nurses support because many times in the United States we just farm out students and expect the nurse to know what to do, and they don't know how to work with students they don't know what best works for students...so I think that is very important (HEI002)

I think for Universities preceptorship is difficult because it has to be work based, I think it has to be employer led absolutely [...] so I think universities would need to come with a plan and say we realise it has to be based in the organisation but this is how we can support you to deliver it in the organisation (HEI004)

It should not be 'tokenistic':

I think preceptorship is great but not just any old preceptorship and everybody has to really engage and sign up to it...because it is tokenistic in many places...and students and newly Registered Nurses sort of saying look this is not a luxury, it's a necessity you know, and it's coming at it from all angles...if we really want to retain nurses (HEI004)

Other ideas for supporting NQNs noted by participants included employee assistance programmes such as 24 hour telephone helplines and using rotations between clinical areas so that the NQN had a greater understanding of their direction during the first two years.

Issues faced by NQNs during transition

you really, really don't know what you are doing as a brand new staff nurse...well I learned that, the change is tremendous...I mean one day you are a student and not responsible for anything...let's face it, the next day you are accountable for lives and you definitely need to be supported through that transition (HEI001)

Two themes emerged as key to the NQNs experience of transition: *autonomy and accountability* and *gaining and building confidence*.

HEI001 and HEI006 referred to the issue of autonomy and accountability as being a fundamental difference between being a student nurse and a Registered Nurse. There was a shift from limited responsibilities and being 'monitored' to a sudden gaining of autonomy and being held 'accountable':

Suddenly getting a level of autonomy, I think as a student nurse you are constantly checking, you are being checked, you are being supervised, you are being monitored, you are being mentored, somebody is always there to check, double check, ask questions and when you are newly qualified that often just goes overnight as well (HEI006)

Confidence was discussed by three participants; from feeling confident to undertake the role of nurse (HEI006), to confidence with specific issues such as speaking up and patient safety (HEI002):

So what I see are the key issues... are confidence and competence...so feeling confident enough to do the role and gaining competence in a newly qualified role because until you do it you often haven't done many of the things...you know they've done some management and things but I think they feel super anxious about the buck stopping with them...what about my pin number, they've had it drilled in to them how important all these things are and they are a bit terrified I think (HEI006)

How can we help nurses as part of the team to step up and speak out when they see...especially a patient safety issue...especially for new grads but even nurses in general. You know they'll see the physician maybe looking at the right breast and they think the lump is in the left breast but um...oh well...you know....he's the physician and he knows and the patient has the wrong breast removed (HEI002)

Student Reflections on Transition

I'm excited to qualify as a registered nurse but I'm also nervous and a little bit scared!
(StR1929)

In terms of student reflections, many similar issues emerged. Many students admitted to having mixed feelings about the transition: *terrified and excited at the same time* (StR1959) and *it's exciting but scary* (StR1826).

Most looking forward to

I am most looking forward to just getting on with it really (StR1902)

In terms of what they were most looking forward to, the financial benefits of starting work were a major theme:

The financial strain has increased and taken a toll in my personal life.... I am honestly looking forward to not being really poor (StR1842)

I am looking forward to not living off beans and toast (StR1843)

A stable income (StR1854)

Students were also looking forward to leaving their student days behind them:

I am looking forward to having days off which really are days off, being able to self-direct my learning in areas of interest at a more relaxed pace (StR1942)

I'm also looking forward to getting home after a shift not having to worry about essays and dissertations. (StR1936)

I'm looking forward to routine (StR1820)

Looking forward to 'finally' becoming an NQN was a major theme, as was *getting stuck in (StR1810), finding their feet (StR1933)*, learning the new role and putting their learned skills and studies into practice to help patients:

Staying in one place and really getting used to being on that ward (StR1951)

Looking forward to learning my new role as NQN. Feeling excited to feel confident in my role (StR1903)

I am looking forward to finding my own way of working, my own order of how to do things (StR1842)

Being able to use my knowledge, experience and skills to be innovative, proactive and supporting my patients and their families and carers (StR1832)

Being able to put on *that blue uniform (StR1812)* was important:

I am looking forward to being a registered staff nurse after five years of training, it was not until approximately 8 weeks into my final placement that I actually felt ready and never really envisaged myself in the blue uniform. But something just clicked and I felt ready (StR1839)

I am most looking forward to wearing the blue uniform and finally being known as a staff nurse (StR1806)

Another major theme was the opportunity to develop their skills:

I'm also looking forward to undertaking more training in order to become competent in all aspects of nursing care (StR1958)

I am looking forward to the practical side of nursing that I haven't been allowed to do as a student such as IV drugs and taking blood and arterial gases from art lines (StR1840)

Looking forward to gaining more clinical skills such as venepuncture, cannulation and catheterization (StR1921)

Students were also excited to meet their new colleagues and become a *proper part of a team (StR1828)*:

I look forward to meeting my new team of co-workers who can support me standing on my feet as a newly qualified (StR1841)

Being an acknowledged part of the team (StR1831)

Working independently and autonomously and taking on more responsibility after having been *carried under an umbrella by your mentor and protected (StR1824)* was important:

Fed up of being a student nurse, it becomes frustrating...always waiting for someone to do something or check things before then I was allowed to do them (StR1839)

Feel like it's like learning to drive, won't get better at it until I'm at out doing it for myself, always had someone to fall back on as a student (StR1915)

I am looking forward to having the responsibilities of a nurse and testing my judgement (StR1840)

Students also reported that they were excited to work and learn in their chosen speciality:

I am really looking forward to my new role not having to go onto a ward (StR1837)

Working in a clinical area I enjoy and have an interest in (StR1929)

I am looking forward to working in the theatre environment as a perioperative practitioner because exposure to theatres has been very limited as a student (StR1804)

Looking forward to learning new skills in emergency care (StR1807)

Concerns/worries around transition

am concerned that being abandoned in a role where I feel like I don't know what I'm doing (StR1922)

NQN and level and type of workplace support they would receive was a major theme:

The transition is vague. I feel quite anxious there is no clear path. This is making me nervous (StR1820)

I'm concerned about preceptorship support as there isn't a set/standardised structure for newly qualified staff (StR1940)

Worried about having no support and being thrown in at the deep end (StR1827)

Some of these concerns had been exacerbated by 'stories' from others:

My biggest concern is uncertainty about the level of support I will receive as a NQN, as qualified staff over various departments have led me to believe that this varies (StR1902)

I hope we get lots of support, I've heard lots of horror stories of nurses quitting the profession after a few months due to lack of support and being left without any help with locum nurses or nurses who don't usually work on that ward (StR1952)

Issues around workplace culture – including staff levels and staff politics – which then impacted upon type and level of support - were a minor theme:

Staff politics.... staff shortage (StR1928)

I am worried about lack of staffing and how this will affect how I am supervised and supported in my job for example being on the ward and staff calling in sick leaving me at times to be the only qualified member of staff on (StR1844)

Worried about bullying within the workplace (StR1921)

It's pretty corrupt so I know roughly what I'm walking in to...senior managers are complicit in decimating adequate care in mental health. The challenge will be standing up to the bullies in the NHS as it's riddled to the core with them (StR1964)

Another major theme was feeling underprepared for the *huge jump (StR1936)* in transition from student to NQN, with many worried about *feeling out of my depth (StR1938)*:

Really worried about 'being a nurse'. How will I know what to do? (StR1819)

I'm anxious about not knowing enough and starting as a nurse (StR1826)

I am slightly worried I will feel out of my depth (StR1812)

In related worries, students reported *lacking confidence* (StR1939) and having concerns about not being *good enough* (StR1907):

My worries are that I will be feeling nervous which will affect my practice in the first few months (StR1965)

I feel the biggest area I have to overcome is feeling confident in my abilities (StR1958)

anxiety about not being good enough (StR1827)

There were also concerns around struggling with the *weight of added responsibility* (StR1947) and accountability, working on their own, and a fear of making mistakes:

I'm worried about all the new and important responsibilities (StR1912)

I am a little overwhelmed and nervous because of the big transition of being an autonomous worker (StR1806)

I'm worried about making a simple mistake and being accountable (StR1832)

Worry someone could die because of me! (StR1819)

In another major theme, students were concerned about clinical skills and feeling underprepared, particularly with regard to medication management:

Medication knowledge is another concern, while I have a decent knowledge of what the general medications are for, I don't feel confident that I am familiar enough with typical dosages (StR1842)

Concerned most of my learning has been ward-based and my job is community so I feel that my skills (clinical) are still fairly basic (StR1836)

Naturally I'm worried about the first year as I get to grips with knowledge of surgical procedures, integrating into an established team and learning to administer IV drugs as I feel we should have gained this skill at university like midwives and paramedics (StR1940)

Learning medications has always been challenging so continuing to learn during practice is essential for me (StR1832)

Students also mentioned the administrative side of practice - particularly documentation and handovers:

Remembering all the documentation that has to be completed, however I am hoping that this will become easier as I get settled in my job (StR1909)

Handovers, ensuring that they are good enough for the next team (StR1947)

Fitting in

in regards to concerns, the biggest is being accepted into a new team and finding a place where I fit in and belong. There have been times as a student where I have felt like I have been in 'no man's land' (StR1842)

In another major theme, students expressed concern about starting somewhere new, settling in, fitting in or being a burden to their team:

Very apprehensive due to never experiencing the choice of my new workplace
(StR1946)

The potential challenge on transition will be settling in (StR1932)

Not looking forward to being the new face (StR1921)

Will they resent a new inexperienced staff member? (StR1819)

I am worried about being a burden to my colleagues (StR1948)

Students were also concerned about the expectations of their employers and team, managing a larger workload and being given adequate time to provide good quality care:

Expectation from my future employer (StR1909)

Slightly worried about 'expecting to know everything' (StR1929)

I like to take time and be very thorough but find myself short of time at the end because of the number of patients. I don't want to be rushed and make mistakes (StR1509)

I feel when I get my patient workload and won't be able to offer/give high quality care due to time restraints which will make me feel disheartened (StR1904)

The ability to delegate and 'say no' might also pose issues for some:

My biggest challenge is delegation, as sometimes I think I could manage my own patients by my own, forgetting that it's a team work (StR1841)

Delegation of tasks is an area that I struggle with. This is something I will need to work on to prevent being bogged down in practice (StR1902)

Always trying to do more than what is actually expected, need to learn to say no (StR1821)

Being assertive and acting as a leader also posed difficulties for a few, as did *managing challenging situations (StR1938):*

I find it challenging to be assertive and this is something I will have to develop quickly due to the nature of nursing. I have done things such as team lead on placement however, ultimately (Are you really the team leader?) No... because you aren't qualified to make autonomous decisions (StR1843)

Potential challenges include taking on leadership roles and management (StR1960)

My potential challenges are managing difficult patients with challenging behaviours effectively without putting them or myself and colleagues at risk of harm (StR1901)

Supporting transition

I would like to say that I believe the support a student receives in our final placement can set you up for being a newly qualified.... the support and reassurance I had on ICU has boosted my confidence massively! (StR1840)

Student nurses repeatedly mentioned the importance of having adequate and appropriate support in place in order to ease their transition. This support could come from the HEI, the

workplace, and other sources. The form this support took – whether formal or informal – was not as important as simply having ‘something’:

The management placement has been quite an emotional experience, I can honestly say that only over the final three weeks have I felt remotely confident that I will be ready to take on the responsibility of caring for my own patients. The fear of being an autonomous decision maker, and a strong advocate for my patients is very real, at first I thought I felt this way because I wasn't ready, but I have begun to realise that this is my preparation for what is ahead. That little bit of fear is good for me, it keeps me grounded stop me from becoming complacent and motivates me to learn more and improve my skills (StR1842)

As such, HEIs allowing students to have a placement at the destination of their first NQN role was seen as extremely important and the single most helpful way to support transition:

My job is now on the ward which I have just had my 12-week placement on which eases me a lot. I feel less apprehensive about starting as a NQN. This is due to knowing the ward dynamics and already feeling part of the established team. By being already on this ward will massively help and the placement area and procedures that are commonly carried out I have knowledge to take forward with me into my NQN role (StR1839)

The transition is hard - being able to go to our new jobs in our previous placement is a great help (StR19644)

Visit placement/new work area before beginning (StR1923)

Students suggested that the University could help ease the transition, via a formal or informal 'outduction' period:

A lot of my peers (as well as myself) would benefit from the option of knowing moral support is available from an AST (as a 'friendly face') upon qualifying (StR1902)

Weaning period with someone from University, i.e. lecturer, who could act as a confidante that newly qualifieds can air any concerns (StR1921)

In addition to more formal transition support, there was a suggestion that HEIs could encourage a social support group online (such as Facebook) to share experiences (StR1816).

Workplace support

General support to ensure a smooth transition from student to staff nurse (StR1833)

In a major theme, students spoke of wanting general workplace *support around transition* (StR1802). They wanted adequate time to build their confidence in their new role including being given *time to adapt* (StR1944) and learn their role:

No pressure whilst learning (StR1646) allow me time to learn (StR1904)

Time to build confidence with the speciality (StR1906)

Adequate supernumerary hours was one of the most important elements of induction:

Enough supernumerary period - at least 3 months is essential I would say (StR1930)

Supernumerary as long as possible to settle into role (StR1937)

The option of extra supernumerary hours if needed (StR1825)

Students also reported wanting *reassurance* (StR1840) that they were 'doing ok' and were practising competently and safely, either informally, or formally via feedback and debriefs:

My confidence in autonomous working can fluctuate. Supporting building this confidence as an RN is essential (StR1832)

That I'm where I'm supposed to be in terms of being a newly qualified (StR1819)

Having regular 'debrief' opportunity/feedback about practice (StR1922)

Being told how to improve my practice in mini-meeting to address my needs and to flag any problems (StR1947)

Who provided the support was not so important – as long as there was a supportive, 'friendly face' they could go to for emotional support and to talk to and ask questions of in those first few months:

Emotional support to cope with pressure (potential) (StR1912)

Someone people can go to if they are feeling overwhelmed about being newly qualified (StR1924)

Main support needed for me is having someone there I know I can go to and ask for help or understanding and not feel judged or belittled (StR19631)

I feel as long as there is someone I can turn to in order to ask all kinds of silly questions I will be happy (StR1958)

Some students did specifically mention having a more formally appointed source of support, such as a mentor/preceptor:

I am not over confident and still very happy to double check things and find it helped talk things through with my mentor with regards to care of a patient and giving the rational. I think the first few weeks I will still look for my mentor (StR1839)

Having a preceptorship mentor who remembers what it feels like to be newly qualified and welcomes lots of questions even if they might seem basic (StR1842)

A good mentor to show me the ropes on the ward (StR1932)

A very good comprehensive preceptorship and a dedicated member of staff to go to with any questions (StR1909)

A further major theme was needing support and understanding from their wider team;

Support from peers, not being viewed as 'just another body' or 'fresh meat' (StR1902)

For the staff/team to be nice! And welcoming! (StR1922)

Good support system from staff. An understanding of how nervous/out of my depth I'm going to feel (StR1944)

It was suggested that NQNs being 'marked out' might help ease the pressure:

I think it would be a good idea to have a badge or armband to identify that we are newly qualified nurses. Just as you can have a green L plate when you first pass your driving test. I think they should be worn for 6 months (StR1908)

It's a shame we can't have a badge to identify as us as NQNs for both other staff members and the public/patients (StR1948)

Support with developing *workload and time management* (StR1809) skills during the first few months as an NQN was also mentioned. In addition to general workplace support, student nurses also wanted appropriate and area-specific information and help – from ward orientation to particular skills to paperwork and online systems:

New area, so understanding the different diseases and terms, such as surgeries in that area. New skills and learning to use specialist equipment in the HDU area.... The daily running of the ward, finding out where things are (StR1947)

Opportunity to get used to the specific field and familiarising yourself with the ward (StR1921)

Support with a new environment, documentation, new systems (StR1815)

Training in the skills I require in the field of nursing I'm entering that is specific to the ward...orientation (StR1936)

Learning the routine/new trust policy....learning where everything is...learn online systems and other technology (StR1913)

Appropriate clinical skills training was also a major theme – with a focus on training on IVs, catheters and *medication management* (StR1827):

Support around administering medication safely (StR1908)

I will need support with medicine rounds until I complete the training and IV fluids

(StR1839)

Additional training - IV training/nurse calculations, cannulation/blood taking, catheters/male (StR1929)

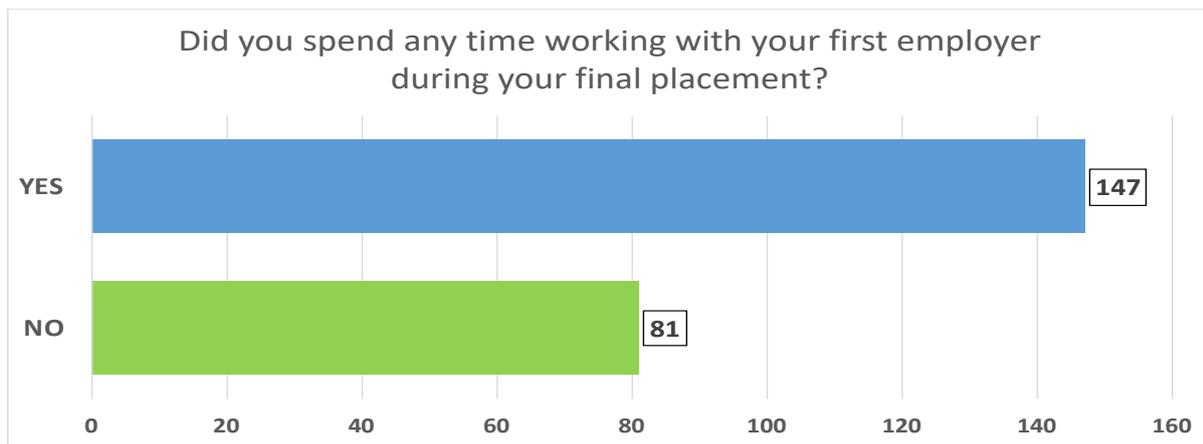
In terms of other clinical training needs, handovers, discharges and managing patient decline were minor themes. Student nurses mentioned the importance of having the support of their *friends, family* (StR1635) and having *a good support network at home* (StR1512) during their transition. In addition, the *general support from peers* (StR1625) also mattered.

Pre and post group comparison

The descriptive data are shown in Appendix 5. The mean age of the participants was 26 (range 18-57; SD 7.6) years. Most participants were Adult branch and female. Most were employed full-time and working in local NHS hospitals. Most had undertaken employment during their programme with a specific local employer and when qualified had chosen to work for the same organisation or NHS Trust. For both pre and post group, the majority had stayed with the same first employer and had not changed role nor planned to do so in the immediate future. The post group (those completing in September 2019) had engaged with the STaR project material and had accessed the first place of employment. Of these only one reported not finding this useful. There were no statistically significant differences between the pre and post groups following analysis and no statistically significant relationships among the data, therefore regression analysis was not carried out.

Place of First Employment Student Feedback

Students (n=228) completed the Mentimeter poll. 64% reported having spent some time working with their first employer and, 62.5% spent the maximum of 75hrs within their PFE.



Of the 81 respondents who did not take part, four key reasons were reported:

- Lack of perceived usefulness *Had a previous placement in that area*
- Organisational difficulties *Too much hassle sorting it out*
- First employer not confirmed *I don't have a job yet*
- Non-approval *Mentor didn't let me*

Participants in the initiative were asked to report on the elements that they found to be most useful. Four themes emerged:

- Introductions - *Getting to know the staff, Getting my face recognised before starting*
- Orientation - *Understanding the ward's routine*
- Practicalities - *Getting uniforms and shifts and booking holidays*
- Confirming employment choice - *I learnt that I did not want to work there*

To quantify the scale of benefit we asked those who had spent time with their PFE to rate (on a scale of 0-10) how useful the time had been. Orientation to the area (mean score 8.3) was deemed the area in which the initiative was most useful, followed by building confidence (7.9) and understanding the RN role (7.7).



Participants in the initiative were also asked to comment on what they found least useful about the experience. Again, some key themes emerged, though these related to issues related to organisation and implementation, rather than experience itself:

- Lack of flexibility (notably in relation to one specific employer)- *Restrictions on days and times students can work; Being restricted to only early shifts on a Wednesday*
- Lack of time - *Not enough time – the 75hrs should be increased*
- Lack of awareness amongst practice - *many [areas] were unaware of the scheme; Other trusts knew nothing about the project*

Finally, all students were asked to provide suggestions for improvement. The responses reflected those issues highlighted previously. Some asked for more time (*More hours spent*

with first employer), some for increased awareness amongst practice areas and staff (Make employers more aware of the scheme; The staff to know why we are there), and some for more flexibility (Not as many restrictions on days and times of shifts). Some students put forward the idea of payment for times spent with the PFE (Pay us? Just a thought...) – a rather prescient suggestion given recent events and the implementation of paid, extended placements for final year students to contribute to the Covid-19 pandemic response.

Section 5 Discussion

This section will draw together the data from all strands of the project and consider the findings with reference to the project aims and wider literature, policy and practice context.

The current state of the art in the UK for nurse retention and transition from student to Registered Nurse.

There has been a renewed focus on recruitment and retention of the existing nursing workforce. Strategic intervention is seen as key to ensuring workforce stability and longer-term sustainability and this has led to a plethora of policies to focus employers on workforce retention (Health House of Commons Health Committee 2018; NHS Education for Scotland (NES) 2019; Buchan et al. 2019; World Health Organization 2020; National Audit Office 2020). NQNs in particular have been one group at the centre of such policy as they are considered at risk of high turnover and early exit from the workforce. The early stages of a NQN's career are challenging (Halpin, 2017; Labrague and McEnroe-Petitte 2017) and the experience of 'reality shock' (Kramer 1974) or 'transition shock' (Duchscher 2009) during the phase from student to fully autonomous practitioner has been reported previously in the literature.

Supportive frameworks and schemes such as preceptorship, mentorship and clinical supervision are considered fundamental to facilitating successful transition and the development of safe and competent accountable practitioners (Brook et al. 2019). In the UK, preceptorship schemes are common in many NHS trusts and private hospital settings (Department of Health 2010; CapitalNurse 2017; NHS employers 2020).

In the UK, the NMC recommends that this formal period of preceptorship should last “*about four months but this may vary according to individual need and local circumstances*” (NMC 2006: 2) and is considered a ‘model of enhancement’ (NMC 2006; DH 2010) central to the continued professional development of the nurse rather than a framework to address deficits in education. The introduction of the *UK Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals* (Department of Health [DH] 2010) sought to reinvigorate preceptorship in the NHS and provide a demonstrable commitment to staff and improvements in patient care. The DH guidance (DH 2010) was explicit that the four months advocated in the NMC Guidance of 2006 was insufficient. The updated NMC guidance of 2008 stated that ‘*The NMC supports and strongly recommends that preceptorship be made available to nurses and midwives following initial registration*’ (NMC 2008:17). The importance of this issue has been taken forward again by the NMC (NMC 2020) with their recently published ‘Principles for Preceptorship’ - welcome guidance for new nurses, midwives and those that support them. These principles focus on five key areas: Organisational culture and preceptorship; Quality and oversight of preceptorship; Preceptee empowerment; and Preparing preceptors for their supporting role and the preceptorship programme. These principles clearly address earlier criticisms and consistent with the findings from this study recommend a bespoke approach to supporting NQN based on personal needs and individual circumstances.

Preceptorship may ‘*include classroom teaching and attainment of role-specific competencies; however, the most important element is the individualised support provided in practice by the preceptor*’ (CAPITAL Nurse 2017:4). In the UK, whilst the preceptorship model is widely

supported, the integrity of this approach is persistently compromised by a lack of available preceptors (Deasy et al. 2011; Whitehead et al. 2013, Adams and Gillman 2016). Workload pressures and staffing deficits further undermine opportunities for consistent preceptorship support in NHS Settings (Lewis and McGowan 2015) and it is evident that the existence of a preceptorship framework is not, in itself, sufficient to ensure that this support is delivered in practice.

In the literature on transition, there is an assumption that providing NQNs with effective support such as a preceptor will improve their confidence and increase the likelihood that they will be retained. The relationship between transition support and retention of NQNs has not been specifically explored; therefore an REA was undertaken specifically to identify approaches used to enhance nurse transition and retention for NQNs and to evaluate the strength of the evidence for specific approaches to nurse transition and retention.

What did our evidence review tell us about the current state of the art in the UK for nurse retention and transition from student to Registered Nurse?

Of the 48 papers included in the review only five directly addressed retention (Lee et al. 2009; Yeh and Yu 2009; McDonald and Ward Smith 2012; Ya Ting and Min-Tao 2015; Ke et al.2017). In most studies, retention was more likely to be inferred where transition experiences were positive. Thus, if we are to assume that positive transition experiences have a positive impact on retention rates, the solution to retaining NQNs might be found in the evidence for what constitutes a good NQN transition programme.

A variety of approaches that enhance the transition process were identified by the review. Such approaches can be divided into 'formal' approaches such as: preceptorship; mentoring; clinical coaching; induction and orientation; simulation; and less formal approaches such as creating a supportive organisational culture which may include being accepted by team/peers, effective communication within and across organisation and access to and availability of informal support (peers, friends, the wider MDT/units). Some of the formal approaches such as preceptorship and induction and orientation were discussed by our interviewees. The less formal approaches that facilitate creating a supportive culture were confirmed as being important by our interviewees in easing the transition from student to NQN.

The fact that a variety of approaches to support NQN transition exist does not in itself guarantee that any or all of them are effective in increasing the retention of NQNs and it is prudent to consider that the papers included in our review only reported on proxy measures of successful NQN employment. This notwithstanding, many of the approaches that appear to have a positive influence on proxy measures of successful NQN employment (a formal orientation period (Ashton 2015), the initial placement (Bratt and Felzer 2012; Hussein et al. 2016); and clinical supervision (Hussein et al. 2016)) are 'formal' ones that workplaces can directly influence. A recent review by Brook et al. (2019) published after our rapid evidence assessment also identified internship or residency programmes and orientation/transition to practice programmes as being effective in improving nurse retention. As noted above, preceptorship is widely supported in the UK and this approach was frequently the subject of the literature included in our evidence review however few of the papers reached firm

conclusions on the benefits of preceptorship and robust evidence on the impact this approach has on nurse transition and retention remains limited. The notable exception to this was Ke at al. (2017) who concluded that preceptorship significantly increased NQNs competence, although no firm conclusions could be reached regarding the impact on retention rates.

Our evidence review identified a study by Edwards et al. (2015) which found that most interventions resulted in some level of benefit related to competence, confidence and job satisfaction. However, this seemed less dependent on the type of intervention and was more broadly related to organisations demonstrating their commitment to supporting NQNs. Simply, the fact that something was being done was more important than the specific nature of the intervention. Arguably, these examples of 'doing something' are indicative of an organisation demonstrating their commitment to supporting NQNs.

What did the data tell us about the current state of the art in the UK for nurse retention and transition from student to Registered Nurse?

The REA indicated that no firm conclusions can be drawn regarding the impact on retention; however, the range of work on this phenomenon suggest that some form of support is important to NQN transition. The interviews and directed reflections were conducted to further explore this period in a nurses career and identify ways in which support might best be delivered.

HEIs can help prepare students by providing careers advice and support, preparation for practice modules, final placement as preparation and opportunities to meet preceptors; yet

barriers to this preparation were also acknowledged. These included time, space and human resource constraints and the question was raised by one HEI leader as to how well any extra preparatory activities would be received by students. Support in the workplace was viewed as key by HEI leaders to ensuring successful transition and that this should be provided in clinical practice, through peers and preceptorship programmes. Indeed, schemes to support NQNs as they transition do exist in some UK workplaces (Ong et al. 2019; Paget and Britten 2020) however, there remains a lack of guidance regarding length and content. However, irrespective of the amount of preparation and support that NQNs received, HEI leaders believed that NQNs faced key challenges when making the transition from student to NQN.

Most clinical leads who participated in an interview generally acknowledged that transition was difficult and that 'support' was imperative. Consistent with the findings of the REA, provision of support was considered to maximise the chance of successful transition. Support for NQNs was generally considered to include a supernumerary period, an induction and/or preceptorship and both formal and informal support systems such as peer support and a welcoming team. However, in the UK there is no 'gold standard' for what formal support NQNs should receive during their transition to work; therefore, across our interviews with clinical leads there was little consistency between organisations (or within organisations) around the sort of formal support NQNs receive. There was also little consistency in terms of the length of time formal support was provided for. For example, the length of supernumerary periods varied between four and six weeks and the length of a standard induction varied from one day to a fortnight.

NQNs are entering a challenging working environment. The National Audit office has stated that 'Despite overall increases in the number of nurses, the NHS does not have the nurses it needs' (National Audit Office 2020:8). Furthermore, budgetary constraints, increased complexity of patient care and changing service delivery, mean it is imperative that NQNs transition quickly and effectively. NQNs might in the first few months be seen as *a burden and ...not going to be much value to the organisation* (CL007) however, with tailored and robust systems of support that create an environment whereby any issues can be addressed early on, expectations of employer and employee can be clearly laid out, and the NQNs skills and knowledge, confidence and competence (Irwin et al. 2018; Ulrich et al. 2010) can be improved, NQNs can quickly become valuable members of the team.

The interviews with nursing students and the directed reflections that they completed showed that in the months running up to their first NQN role, they experience mixed feelings towards their impending employment. Such feelings range from excitement through pride to fear. They were looking forward, finally, to becoming qualified nurses, autonomous practitioners and putting their hard-learned skills into practice in their chosen speciality, the financial benefits of transitioning from student to paid-work were also noted as was the opportunity to access more training and improve their skills. At the same time there were definite worries for the transition, particularly regarding the level and quality of support they would be given via both structured preceptorships and mentorships, and more informal support from their wider team. Such concerns are not unheard of; rather they have been reported across the literature on NQN transition experiences (Gerrish 2000; Hollywood 2011; Chandler 2012; Walker et al. 2013).

Other frequently identified worries related to confidence for example feeling underprepared, 'out of their depth' or 'not good enough'. The increased responsibility that their new role entailed was also of concern. The opinions of experienced nurses towards NQNs have been reported in the literature (Freeling and Parker 2015) and this was also a concern for the nursing students in our sample with concerns around exactly what would be expected of them in the first few months and their ability to meet these expectations. Whilst expecting nursing to be stressful, many students had tried to mitigate this by making their own preparations for the transition, although others felt their degree course – both taught elements and placements – had been adequate to prepare them. Placements in particular were considered as an imperative part of the preparation for their nascent working life. In terms of the support they might want or need in those initial few months, structured and/or unstructured support from their new workplace – in terms of preceptorships, just having someone approachable to talk to and ask questions and welcoming colleagues – was key. They also wanted appropriate training and organisational socialisation – for example, boot camps and care camps and specific clinical skills training such as medication management, IVs, catheters.

From our interviews it was apparent that there is a range of transition experiences rather than one single transition experience. Factors such as personal characteristics (reaction to stress or confidence) and work experience (whether or not the NQN has had a previous placement in their first role destination) all serve as mediating factors when making the transition from student to NQN. These factors could also be exacerbated or ameliorated depending on the particular service/speciality.

No statistically significant relationships were found between the pre and post group in this study and no impact was noted on retention. The challenge of demonstrating impact of an intervention on retention is noted by other studies (Phillips et al. 2012; Hussein et al. 2016; Ke et al. 2017). This sample may be unique as the student population is primarily local and it is likely that they continued to live and work locally on completion of their programme. Thus they were different to student nurse cohorts at other HEIs, particularly those that recruit a high proportion of non-local students. However, this is anecdotal, as data regarding location prior to starting the programme was not captured. Whilst response rates were acceptable in terms of number of participants who consented to be involved (pre = 54% / post = 61%) this represented only 14% and 24% of the total population. It may well be that those who consented and engagement with the project were fundamentally different from those who did not. Alternatively, it may well be that NQNs in this sample did not move on within the 12 months because they were satisfied with their working conditions and environment. Most of the student nurses in our sample had engaged with the STaR project and its resources which suggest that transition planning activities were acceptable. Furthermore, the fact that all but one of the student nurses who had accessed their place of first employment stated that they found it useful is testament to the fact that such initiatives were welcomed by the group and a useful addition to the final year curriculum.

An Evidence-based Approach to Plan for successful Transition; The STaR Toolkit

From the data we collected a picture emerged of the journey from nursing student to NQN as being one with different stages. This is consistent with earlier research on the transition from student to NQN (Benner 1984; Duchscher 2008, 2009). In addition, whilst most frameworks

of transition consider the start of transition to be exit from the programme or starting in employment, our data indicated that transition planning started much earlier. We therefore identified four stages and the toolkit was structured around these. The first two stages (first job planning and preparing for the transition) were concerned with resources and support within university settings and the third and fourth stages (induction period, preceptorship) in the place of first employment.

1. First Job Planning

As students enter the final year of their programme they are already considering where they want to work. Not all students have decided but many have a clear idea and often this is related to positive placement experiences. For those who are undecided, there are several factors that are worthy of consideration; for example, shift pattern, contract type and type of workplace (Young 2019). Making a considered and informed choice benefits the NQN and the organization as the NQN is less likely to leave their first post (or the organisation entirely) if they thoroughly research all the options available to them. Important during this time is accessing resources such as writing a CV, completing application forms and undertaking job interviews, in other words, helping them to prepare to be a successful candidate.

2. Preparing for the transition

Undertaking a pre-registration nursing programme that balances theory and practice is in itself preparation for becoming a Registered Nurse. However, our interviews uncovered a feeling amongst HEI leaders that a nursing student cannot imagine what it is like to be a Registered Nurse until they actually are working as one. Nursing students and NQNs reported

very little extracurricular activities that their HEI had specifically instructed them to do to prepare for the transition and the student and NQNs had generally undertaken little self-preparation. Those who had, had undertaken prior reading, one had used their dissertation to focus on the specialty they were entering; another had arranged to visit the ward that they were to be starting work on.

Evidence from our REA, interviews and reflections overwhelmingly suggest that the transition is stressful for many. There is a need for this to be acknowledged amongst HEIs, workplaces and nursing students themselves and to plan ahead. Resources that may be beneficial in helping nursing students transition already exist through social media and other digital platforms such as blogs by other NQNs. This raises the question of why few participants in our study had accessed such resources. Our toolkit brings key resources together in one place and whilst not every scenario in a NQNs working life can be prepared for, pre-planning by using the STaR toolkit may help ease the stress of transition to some extent.

Among nursing students and NQNs we found an emphasis on the final placement as an imperative part of the preparation. Some considered it would be beneficial to undertake their final placement in their place of first employment and this also arose from the interviews with clinical leads. Permitting students to undertake their final placement in their place of first employment was considered by some participants as a way to help ease the transition. Allowing students an opportunity to engage with prospective employers prior to start work may be beneficial to reduce 'transition shock' and this can best be done via pre-employment contact.

3. Induction Period

The induction period is one whereby 'transition shock' is most evident and our REA indicated that having a 'formal orientation period' was one means by which NQNs could be helped to successfully transition to the workplace (Ashton 2015). The resources in this section of the toolkit are aimed at supporting and advising NQNs during this period.

4. Post induction/preceptorship period

Issues relating to preceptorship arose within the qualitative data we collected from each of the groups. Consistent with the literature, preceptorship was viewed as a positive and supportive initiative (Marks-Maran et al. 2013; Muir et al. 2013). However; a recurrent concern within the qualitative data was around not receiving preceptorship or receiving inadequate preceptorship. It has been noted elsewhere in this report that preceptorship is the most frequently relied upon model of post registration support. Our REA identified other examples of 'formal support' from the international literature including Mentorship and Internship (Edwards et al. 2015). Regardless of the name that is given to the type of support that a NQN receives what they all have in common is the element of supervised practice that enables the NQN to develop confidence and competence and transition from what Benner (1984) refers to as 'novice' to 'expert'.

Section 6 Conclusion and recommendations

Conclusion

Despite decades of research and considerable investment in supportive structures, systems and processes, the experiences of NQNs do not appear to have substantially changed. 'Transition shock' as a phenomenon in nursing still exists and appears to be normalised and accepted as part of moving from being a nursing student to becoming a NQN. However, whilst transition experience should be a routine part of becoming an autonomous practitioner the 'shock' element should not be; consequently, this is an important area of nursing that still requires a solution.

Transition support starts whilst the student is still at university and pre-transition preparation can be delivered by academics working with their practice partners. Once qualified, a supportive framework incorporating supernumerary status, preceptorship or equivalent, peer and organisational culture of support can go some way to ensuring a smooth, seamless and comfortable transition. Importantly, this support – particularly the supernumerary status – is not an 'optional extra' that should be withdrawn when clinical environments are 'busy'. Providing support during transition is essential for the safe and competent practice of NQNs and patient safety is thus not a 'luxury' afforded to the few and withdrawn when resource constraints and, or staffing demands become pressing.

The link between NQN support and retention remains poorly evidenced. Retention is often assumed as an outcome of good organisational support, and attrition a consequence of the

opposite. NQN do leave within 12 months of qualifying often for new opportunities, challenges or promotion; this is because they have 'successfully' navigated the transition from student to NQN. Whilst this is a 'loss' to the organisation that employs them and has an impact on workforce retention figures, this is to be anticipated by organisations. Education providers and future employers should work more closely together both in the period leading up to registration and in the immediate post qualification period on seamless and bespoke transition plans for individual nurses. The transition period is not linear, nor does it have a defined end date – it will also vary in its nature between individuals. Levels of required support may change over time, and disruptive events (e.g. change of job; change of role; an incident that has an impact on confidence) will require a reassessment of need. There are common elements to the support NQNs need – but this is no substitute for individualised support and plans.

If the nursing profession is serious about supporting NQN transition, then commitment needs to progress beyond principles, frameworks and promises, to a significant investment in those that support NQN and undertake role of preceptor or equivalent. Models of NQN support also need to look beyond the immediately one-to-one relationship exemplified by preceptorship and consider the wider organisational culture and context. NQN transition is successful when the whole team is supportive of the NQN and recognises and values their novice status. Many organisations choose to focus on clinical competencies of NQNs in the first few months rather than on the thing that is most important to individual NQNs and successful transition – becoming accepted, embedded and part of a team.

Recommendations

The following recommendations are made for the support of NQNs during the transition from student to NQN based on the evidence gathered as part of the STaR research project. Examples of best practice in supporting NQN can also be found in our Toolkit and specifically our 'Top Tips' documents for NQNs, clinicians and academic staff.

Practice: The importance of providing structured support NQNs should not be underestimated and should include core elements such as an organisational induction plan, a specified period of being supernumerary, a named mentor or preceptor for an agreed length of time and a location-specific clinical skills development plan. Support in the first few months should also focus on providing opportunities for NQN to feel connected and valued and become part of the team. Provide time and space for personal and professional development (both formally and informally). Support either via virtual or face to face means is important especially for those working remotely or without of a ward setting. Offer opportunities for development and expansion of professional networks and contacts to compliment organisational ones. There is a clear conflict of interest (often unacknowledged) when the person to whom the NQN turns to for help and the person who is signing them off as competent is the same person. These functions need to be independent of one another and NQNs should be offered support that is external to the immediate clinical environment.

Employers: It is important that clear information is provided to NQNs on what they can expect from their organisations in terms of support during the transition period *and* what the organisation is expecting of the NQN during this time. Facilitating opportunities for pre-employment meetings with the team(s) and lead nurses and/or preceptors will address many

concerns or queries prior to employment starting. The specified period of being supernumerary should be documented in HR records and HR should be informed if this is not adhered to. All NQNs should be offered a 3-month settling-in period and opportunities to move within the organisation [internal transfer window] with no detriment. Within 6-9 months NQNs should be offered a professional development and career planning review to discuss new challenges/opportunities and career progression. If an individual employer does not provide opportunities for development and promotion, another employer will.

Education/HEIs: Transition planning needs to start early and involve all key stakeholders: the student; their University; their final placement area(s); and their first employer. This can take place via specific modules and skill development in the university and on the final placement. Transition planning and support should be a significant feature of the final placement and consider the individual NQN beyond programme sign off and into the first 12 months of practice. Academic staff should be actively involved with clinical partners during the period that 'bridges' transition i.e. after completing the programme and before the NMC PIN is issued – keeping contact with students and through involvement in preceptorship programme development and delivery.

For students/NQNs: Students need to take an active role in preparing for the transition and seek opportunities that will help them prepare for their career in nursing. It is important to reflect on personal and individual circumstances and consider preferences for working hours and conditions in order to make an informed decision. Use the time between completing studies and receiving their NMC pin to build their professional network and contacts linked to clinical interests via social media, unions, professional groups and organisations – this will help connect them to a wide network of information, advice and support.

Research: There is no agreed definition as to what is meant by a NQN and especially how long it a newly Registered Nurse is considered to be a 'NQN'. Although up to 12 months appears usual this is not universally agreed nor accepted. The language and terminology in relation to NQN is not used consistently and an agreed taxonomy for transition would be useful to help clarify both meaning and measurement of this concept. In terms of retention, NQN data is not usefully disaggregated from that of other new starters therefore the 'real' issues of NQN retention is poorly reported as their data tends to be lost within the general workforce turnover data. It is also important to differentiate between turnover that constitutes a positive change or choice for the NQN and turnover that is (avoidable) exit from an organisation as they do not feel supported or settled during this period. Some clear demarcation is needed across different categories. There is also more research needed that tests out in practice which interventions are the most successful for NQN retention.

Nursing and Midwifery Council: It is clear that tracking the employment history of Registered Nurses is extremely difficult and although the NMC keep records of which region someone practises in, they are not responsible for monitoring employment history nor recording information as to whether nurses have changed employer or why. However, as part of annual monitoring and data collection (and/or as part of revalidation) we recommend that the NMC request information from RNs on exactly where they work (and in which role) and to outline any employment changes since last reported. This would then build comprehensive data that would allow for NQN retention and transition to be more thoroughly tracked. We also recommend that a minimum length preceptorship period should be offered to all NQNs; there is currently no requirement for this to be provided by employers and we would recommend that this should be made mandatory.

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Appendix 1 - Advisory Group

Our Advisory Group provided advice, direction and support to the project team throughout the study.

External Experts

James Buchan	Adjunct Professor, University of Technology Sydney
Pauline Milne	Independent Healthcare Consultant and Nurse

Partnerships

Nicola Buckle	Practice Development Matron (Hull University Teaching Hospitals NHS)
Mark Coningsby	Elysium Healthcare Preceptorship Academy & University Lead
Helen Convey	Lecturer, School of Healthcare, University of Leeds
Haley Jackson	Clinical Effectiveness and Research Nurse (Humber Teaching NHS Foundation Trust)
Jo Ledger	Deputy Chief Nurse (Hull University Teaching Hospitals NHS)
Jonpaul Robinson	Charge Nurse Acute Inpatient Psychiatry, (Humber Teaching NHS Foundation Trust)

STaR Consultants

Felix Fenton	Consultant: Expert by Experience
Pam Quick	Consultant: Expert by Experience

STaR Ambassadors

Gemma Bellerby	Student/NQN
Roseanna Card Smith	Student/NQN
Kat Ibbitson	Student/NQN
Kathryn McHugh	Student/NQN
Sharon Sandford	Student/NQN
Kayleigh Tyler	Student/NQN

Appendix 2 - Demographic details of interview sample

Participant ID	Gender	Branch of Nursing	Age at time of Interview	Ethnic Background
Stu001	F	Adult	47	White British
Stu002	F	Adult	37	White British
Stu003	F	Adult	46	White British
Stu004	F	Learning Disability	21	White British
Stu005	M	Mental Health	30	White British
Stu006	F	Adult	39	White British
Stu007	F	Adult	45	White British
Stu008	F	Adult	37	White British

Table 1: Student interviews

Participant ID	Gender	Branch of Nursing	Age at time of Interview	Ethnic Background
NQN001	F	Adult	43	White - Other
NQN002	M	Adult	22	White British
NQN003	M	Mental Health	21	White British
NQN004	F	Children's Nursing	22	White British
NQN005	F	Learning Disability	37	White British
NQN006	F	Mental Health	24	White British
NQN007	F	Children's Nursing	23	White British
NQN008	F	Children's Nursing	22	White British

Table 2: NQNs at one month

Participant ID	Gender	Branch of Nursing	Age at time of Interview	Ethnic Background
NQN9001	M	Adult	37	White British
NQN9002	M	Adult	23	White British
NQN9003	F	Mental Health	52	White British
NQN9004	F	Adult	27	White British
NQN9005	M	Adult	61	White British
NQN9006	M	Adult	28	White British
NQN9007	F	Adult	24	White British
NQN9008	F	Adult	36	Black/Black British

Table 3: NQNs at nine months

Participant ID	Gender	Position
HEI001	M	Professor of Nursing (UK)
HEI002	F	Director (USA)
HEI003	M	Programme co-ordinator (Australia)
HEI004	F	Head of Learning and Development (UK)
HEI005	M	Professor of Nursing (UK)
HEI006	F	Professor of Health Service Research and Nursing (UK)
HEI007	M	Dean of College (UK)
HEI008	F	Professor of Nursing (UK)

Table 4: HEI Leaders

Participant ID	Gender	Position
Clin001	M	Preceptorship Academy & University Lead (Private Provider)
Clin002	F	Research Nurse (NHS Trust)
Clin003	F	Ward Sister (NHS Trust)
Clin004	F	Clinical Nurse Educator (NHS Trust)
Clin005	F	Practice Learning Facilitator (NHS Trust)
Clin006	F	Clinical Nurse Educator – ED (NHS Trust)
Clin007	M	Clinical Educator & Learning and Development Specialist (Private Provider)
Clin008	F	Lead Learning & Development Facilitator (NHS Trust)

Table 5: Clinical Leaders

Appendix 3 – Secondary Searching

Secondary searching of pre-selected websites was conducted as an adjunct to database searching (see Section 3. The rationale for this was two-fold:

1. As an additional check on the database search strategy to identify any potentially relevant primary research papers for inclusion in the REA
2. To identify NQNs transition and retention specific initiatives, resources or best practice from within nursing practice

Three additional papers were identified (Edwards et al. 2015; Tseng et al. 2013 and Whitehead and Holmes 2011). The papers by Edwards et al. (2015) and Tseng et al. (2013) were included in the REA. The paper by Whitehead and Holmes (2011) was excluded because whilst it was primary research (Literature review) it was not a systematic review.

Eight resources identified were specific to NQNs. HEE's website provided links to four resources from their Capital Nurse work stream for example their Preceptorship Framework. The National Council of State Boards of Nursing website included three useful resources for example the 'Regulatory Model for Transition to Practice Report'. These resources provided an international perspective on the transition process. The Royal College of Nursing website provided a link to a presentation that was part of a recent congress meeting (Student Programme: Transition from student to NQN).

The remaining three resources focused on 'new starters' including members of staff who are new to the organization rather than 'new to nursing'. Any relevant resources were included in the Toolkit.

The following websites were searched in July 2018;

UK Websites

- Department of Health
- Nursing and Midwifery Council
- NHS Evidence
- NHS Employers
- NHS Providers
- Health Education England
- Council of Deans
- Royal College of Nursing
- Kings Fund library
- NHS Improvement

International Websites

- International Council of Nurses
- American Nurses Association
- Australian Nursing and Midwifery Federation
- Canadian Nurses Association
- National Council of State Boards of Nursing (USA)
- Nursing Council of New Zealand
- HRH Global Resource Centre

The same search terms as were used in the database search were entered into the search facility of the website;

Newly qualified nurse **OR** Newly registered nurse **OR** New nurse **OR** Student Nurse **OR** Nursing Student **AND** Transition **OR** Retention **OR** attrition **OR** Turnover **OR** stability

Documents were screened by applying the following inclusion and exclusion criteria;

Included	Excluded
Guidance and Policy	Published prior to 2008
Secondary Evidence	
Practice Based Information	
Implementation support	

Primary Research	
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Search inclusion and exclusion criteria

The results of this search are show in the search results table below:

Website searched	No of relevant documents	Title of Document	Links	Comments
Department of Health	0			
Nursing and Midwifery Council	1	Employers' Responsibilities	https://www.nmc.org.uk/registration/guidance-for-employers/responsibilities/	Not specific to NQNs. Mention of preceptorship for NQNs
NHS Evidence	1	A systematic review of the effectiveness of strategies and interventions to improve the transition from student to NQN.	https://www.ncbi.nlm.nih.gov/pubmed/26001854	Meets inclusion criteria for primary research paper so included in REA.
NHS Employers	3	Preceptorships for Newly Qualified Staff	http://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/preceptorships-for-newly-qualified-staff http://www.insidegovernment.co.uk/uploads/2018/03/Robert_Fordham.pdf http://allcatsrgrey.org.uk/wp/wpfb-file/east-kent-retention-case-study-final-pdf/	Relevant to NQNs: Included as resource within toolkit. These two documents are about new staff in general, not specifically NQNs. Included as resource within toolkit
NHS Providers	0			

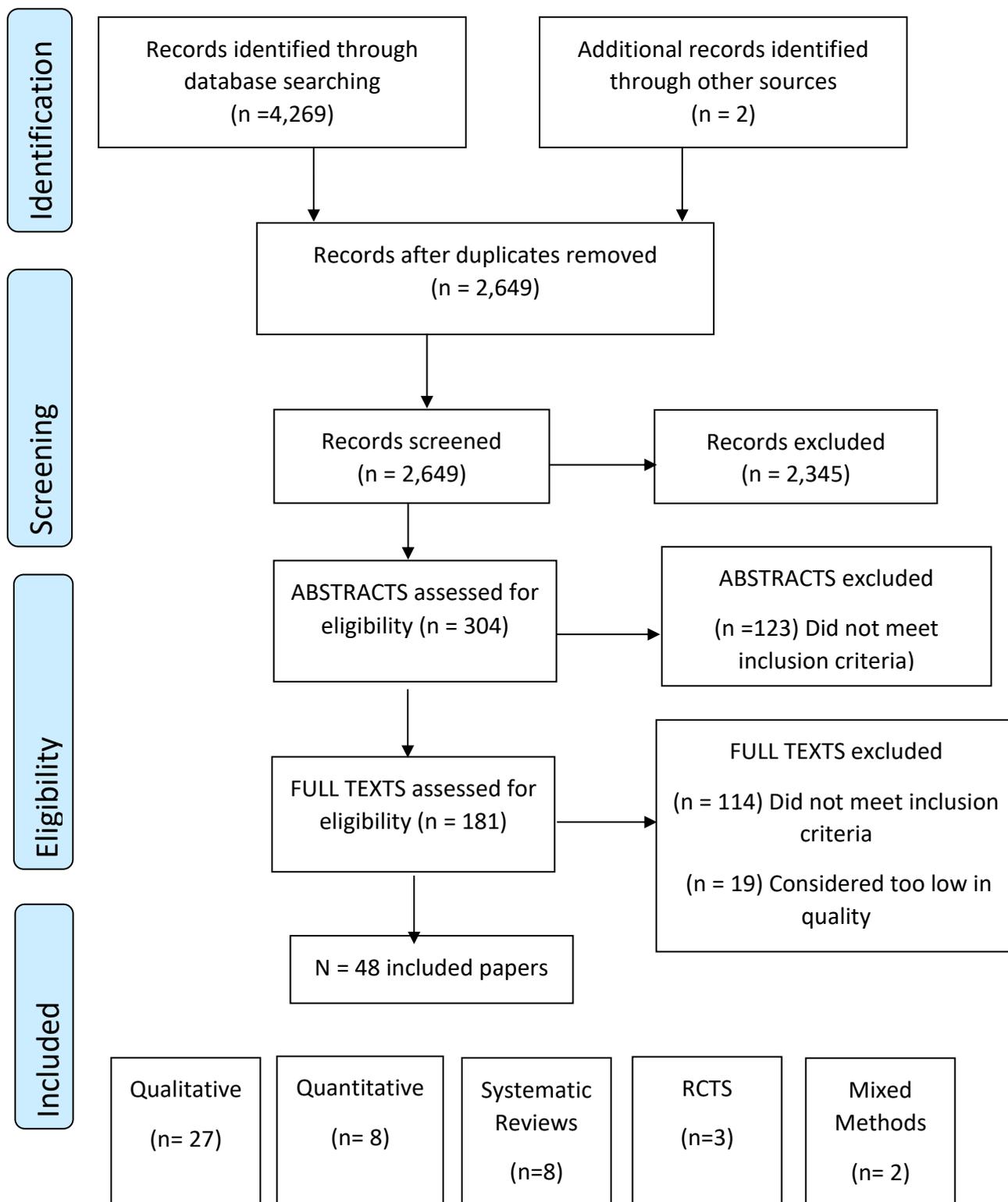
NHS Improvement	0			
Health Education England	4	<p>Employment offer for third year students</p> <p>Preceptorship Framework</p> <p>Preceptorship Model v3 (Summary of the preceptorship framework)</p> <p>Student nurse and NQN views on London recruitment experience</p>	<p>https://www.hee.nhs.uk/our-work/capitalnurse/workstreams/employment-offer-third-year-students</p> <p>https://healtheducationengland.sharepoint.com/sites/CN/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FCN%2FShared%20Documents%2FPreceptorship%20model%2Epdf&parent=%2Fsites%2FCN%2FShared%20Documents&p=true&cid=cf22e7d-f913-4a60-8cf9-90137dc545a7</p> <p>https://healtheducationengland.sharepoint.com/sites/CN/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FCN%2FShared%20Documents%2FCN%20Student%20NQN%20views%20-%20short%2Epdf&parent=%2Fsites%2FCN%2FShared%20Documents&p=true&cid=b001c84e-976b-4785-b413-1170c9f4e1e8</p>	<p>Each of these documents is from Capital Nurse - one of HEE's work streams.</p> <p>All four are relevant to Newly qualified nurses.</p> <p>Preceptorship model is a summary of the preceptorship framework</p>
Council of Deans	1	The development of an innovative telemessaging service (FLO); to enhance student engagement and student retention.	https://councilofdeans.org.uk/case-study/the-development-of-an-innovative-telemessaging-service-flo-to-enhance-student-engagement-and-student-retention/	Not about NQNs (excluded)
Royal College of Nursing	1	Student Programme: Transition from student to NQN.	https://www.rcn.org.uk/congress/whats-on/transition-from-student-to-newly-qualified-nurse	Included as resource within toolkit

Kings Fund Library	1	Are NQNs prepared for practice?	https://koha.kingsfund.org.uk/cgi-bin/koha/opac-detail.pl?biblionumber=99251&query_desc=kw%2Cwrdl%3A%20new%20nurs*%20and%20transition	Considered for the REA but excluded as it is not a systematic review
National Council of State Boards of Nursing (USA)	3	Regulatory Model for Transition to Practice Report A Transition to Practice Regulatory Model: Changing the Nursing Paradigm 2009 update on the National Council of State Boards of Nursing's regulatory model for transitioning new nurses to practice	https://www.ncsbn.org/3924.htm https://www.ncsbn.org/5440.htm https://www.ncsbn.org/5439.htm	All three documents are relevant and provide an international perspective on Transition Included as resource within toolkit
HRH Global Resource Centre	1	Comparative Study of an Externship Program Versus a Corporate-Academic Cooperation Program for Enhancing Nursing Competence of Graduating Students	https://www.hrhresourcecenter.org/node/5324.html	Meets inclusion criteria for primary research paper so included in REA.
American Nurses Association	0			
Australian Nursing and	0			

Midwifery Federation				
Canadian Nurses Association	0			
International Council of Nurses	0			
Nursing Council of New Zealand	0			

In total 15 resources were found that were relevant to NQNs and retention and were used as indicated in Section 3.

Appendix 4 – Prisma Flow Chart for REA



Appendix 5 – Demographic and retention data

Demographic data (all consented participants)

<u>Cohort (completion date)</u>	2017	2018	2019	Total
	58	108	123	289
<u>Programme</u>				
Adult	33	100	106	239
Child	9	3	9	21
Mental Health	11	3	8	21
Learning Disability	5	2	0	7
<u>Gender</u>				
Female	26	100	113	239
Male	4	7	9	21
<u>Employed</u>				
Yes	58	105	122	285
No	0	1	1	2
<u>Employment status</u>				
Full-time	58	99	115	268
Part-time	0	6	7	13
Permanent	21	46	40	107
Temporary	-	1	1	2
<u>Employer</u>				
Type NHS hospital	52	88	99	239
Community (NHS or private)	2	8	11	21
Primary care	0	1	8	9
Private hospital	1	0	0	1
Place Local	31	72	63	166
Regional	18	19	47	84
National	6	6	8	20
<u>Employed before or during programme?</u>				
Before and during	6	5	10	21
Before	0	3	6	9
During	23	38	54	115
<u>Qualification</u>				
1	7	7	20	34
2	12	28	55	95
3	6	37	29	72
4	4	16	13	33

Retention data (respondents only)

<u>Cohort (completion date)</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>Total</u>
	31	60	75	166
<u>With same organisation?</u>				
Yes	25	54	70	149
No	6	6	5	17
<u>In same role?</u>				
Yes	20	49	66	135
No	6	5	4	15
<u>Change planned?</u>				
Yes	10	10	8	28
No	11	39	58	108
<u>Engage with STaR resources?</u>				
Yes	-	-	53	53
No	-	-	22	22
<u>Access first place of employment</u>				
Yes	-	-	55	55
No	-	-	21	21
<u>Was this useful?</u>				
Yes	-	-	54	54
No	-	-	1	1