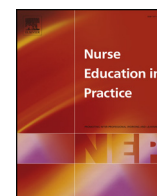




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## Evaluation of a community transition to professional practice program for graduate registered nurses in Australia

Christina Aggar<sup>a,\*</sup>, Christopher J. Gordon<sup>b</sup>, Tamsin H.T. Thomas<sup>a</sup>, Linda Wadsworth<sup>c</sup>,  
Jacqueline Bloomfield<sup>b</sup>

<sup>a</sup> School of Health & Human Sciences, Southern Cross University, Southern Cross Drive, Bilinga, QLD, 4225, Australia

<sup>b</sup> Sydney Nursing School, University of Sydney, 88 Mallett St, Camperdown, NSW, 2050, Australia

<sup>c</sup> Northern Sydney Local Health District, Primary and Community Health, Building 8, Macquarie Hospital, Wicks Rd, North Ryde, NSW, 2113, Australia

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## ABSTRACT

Australia has an increasing demand for a sustainable primary health care registered nursing workforce. Targeting graduate registered nurses who typically begin their nursing career in acute-care hospital settings is a potential workforce development strategy. We evaluated a graduate registered nurse Community Transition to Professional Practice Program which was designed specifically to develop and foster skills required for primary health care. The aims of this study were to evaluate graduates' intention to remain in the primary health care nursing workforce, and graduate competency, confidence and experiences of program support; these were compared with graduates undertaking the conventional acute-care transition program. Preceptor ratings of graduate competence were also measured. All of the 25 graduates (n = 12 community, n = 13 acute-care) who completed the questionnaire at 6 and 12 months intended to remain in nursing, and 55% (n = 6) of graduates in the Community Transition Program intended to remain in the primary health care nursing workforce. There were no differences in graduate experiences, including level of competence, or preceptors' perceptions of graduate competence, between acute-care and Community Transition Programs. The Community Transition to Professional Practice program represents a substantial step towards developing the primary health care health workforce by facilitating graduate nurse employment in this area.

### 1. Introduction

Australia, like much of the Western world, has an ageing population and increasing prevalence of age-related disease and disability (Department of Health and Ageing; DoHA, 2010). This changing population demographic will require a primary health care (PHC) sector and workforce to cope with the increasing demand (DoHA, 2009). Registered nurses (RNs) are central to the delivery of PHC (Parkinson and Parker, 2013), but there is a considerable deficit of RNs working in PHC settings (Health Workforce Australia; HWA, 2012). Government approaches to address this shortfall include initiatives aimed at retaining current staff and recruitment of RNs from the acute-care sector into PHC settings (Russell, 2013). These strategies, however, are not expected to adequately meet future nursing workforce needs (HWA, 2012) and alternative ways to create a sustainable PHC nursing workforce are needed (Gordon et al., 2014).

A prospective PHC nursing workforce that has not been adequately investigated are RNs graduating from university (Bloomfield et al.,

2015). In Australia, graduate RNs typically enter the workforce via a 12-month supported transition to professional practice program in acute-care hospital settings (Levett-Jones and FitzGerald, 2005; Murray-Parahi et al., 2016). These programs are widely considered necessary to consolidate clinical skills (Bloomfield et al., 2015) and have been shown to improve confidence, competence, and employment satisfaction in graduate RNs (Gordon et al., 2014; Haggerty et al., 2013). Currently, comparable transition to professional practice programs in PHC settings do not widely exist (Murray-Parahi et al., 2016). Such programs have the potential to address Australia's future health-care needs through the development of a skilled and sustainable PHC nursing workforce (Gordon et al., 2014). We developed, implemented, and evaluated a transition to professional practice program for graduate RNs in community health settings. We aimed to evaluate the graduates' intention to remain in the PHC nursing workforce at the completion of the program, and to compare the experiences and competence of the graduates in the Community Transition to Professional Practice Program with graduates undertaking the more conventional acute-care

\* Corresponding author. Room B7.15, School of Health & Human Sciences, Southern Cross University, Southern Cross Drive, Bilinga, QLD, 4225, Australia.

E-mail addresses: [christina.agggar@scu.edu.au](mailto:christina.agggar@scu.edu.au) (C. Aggar), [christopher.gordon@sydney.edu.au](mailto:christopher.gordon@sydney.edu.au) (C.J. Gordon), [tamsin.thomas@scu.edu.au](mailto:tamsin.thomas@scu.edu.au) (T.H.T. Thomas), [Linda.Wadsworth@health.nsw.gov.au](mailto:Linda.Wadsworth@health.nsw.gov.au) (L. Wadsworth), [jacqueline.bloomfield@sydney.edu.au](mailto:jacqueline.bloomfield@sydney.edu.au) (J. Bloomfield).

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transition programs in hospital settings.

### 1.1. Background

Internationally, and in Australia, an ageing population and increasing prevalence of chronic illness and multi-morbidity, requires health care services to focus on the PHC sector (DoHA, 2009; McPhail, 2016). Currently the health care system focuses heavily on the tertiary sector (Russell, 2013). However, the Australian Government (along with federal and state health agencies, and research institutes) have recognised the need for health services to be delivered outside the acute-care hospital sector to meet the demands of the aged and people with complex chronic health problems (Russell, 2013). There is a general re-orientation to PHC models which are currently attracting attention as a way of meeting these changing population needs (Russell, 2013). Increasingly, PHC services such as community health care are being expanded. Subsequently, there is a demand for a PHC workforce with the requisite knowledge and skills to deliver care in non-acute-care environments (HWA, 2012). Effective recruitment strategies and professional development initiatives are needed to ensure adequate numbers of appropriately qualified PHC RNs to work in community health care settings.

RNs are an integral part of the PHC workforce and essential for meeting Australia's healthcare needs (Australian Nursing and Midwifery Federation; ANMF, 2009). Nurses provide cost-effective, high-quality PHC services (Parkinson and Parker, 2013), and have a central role in management and integration of care for people with chronic and complex health conditions (Henderson et al., 2014). The multifaceted role of RNs in PHC is constantly evolving and now incorporates the provision of healthcare, health promotion, disease management and prevention, patient advocacy, empowering people and communities, and working collaboratively with other healthcare professionals (Primary Health Care Research and Information Service, 2017).

A nursing shortage exists within Australia and there is currently a lack of specialised RNs in the PHC sector (Nursing and Midwifery Board of Australia, 2015). Furthermore, the current PHC nursing workforce is ageing, with many nurses employed on a part-time basis (Australian Institute of Health and Welfare, 2012). It is anticipated that these factors will culminate in a large deficit in the number of RNs working in PHC, with a predicted shortage of 14,770 by 2025 (Department of Health; DOH, 2014; HWA, 2012).

To date, the majority of initiatives implemented to increase the number and skills of RNs in PHC have focused on retaining the current PHC workforce and transitioning existing nurses into the areas of greatest need (Russell, 2013). Whilst this may temporarily boost PHC nursing numbers, these initiatives do not address issues of sustainability and there remains a deficit in this sector of nursing (Peters et al., 2013). One solution, which has received limited attention to date, is the employment of graduate nurses into PHC settings directly following graduation (Bloomfield et al., 2015). Currently, the majority of graduate RNs commence employment in the acute-care sector, typically in transition to professional practice programs implemented predominantly within hospital settings (Levet-Jones and FitzGerald, 2005). These initiatives aim to facilitate professional socialisation and the transition from nursing student to RN, thereby minimising the “reality shock” associated with the theory-practice gap (Duchscher, 2008; Dyess and Sherman, 2009; Ellerton, 2003; Kelly and Ahern, 2009; Rush et al., 2013). Importantly, it is also anticipated that by developing levels of competence and confidence commensurate with the professional role, the graduates participating in these programs will commit to a career in nursing, thereby improving workforce retention (Rush et al., 2013).

Evidence exists to support the role of transition to professional practice programs (Gibbs, 2010; Mangone et al., 2005), however, most of these studies have focused on development of discrete skill sets and

outcomes such as competence and confidence. Furthermore, existing studies have typically been small scale, and generally only address local implications. Finally, there is a paucity of evidence to support the influence of these programs on workforce development and retention, and research into the impact on intention to stay in nursing is now needed.

Transition to professional practice programs typically include a supernumerary orientation period, structured study days, preceptor or mentor support, and access to a nurse educator who usually coordinates the program (Rush et al., 2013). These programs have been available in acute-care settings in Australia for over 25 years and there is an expectation and desire by nursing students to participate in them (Bloomfield et al., 2015). Similar transition to professional practice programs in PHC in Australia do not widely exist (Murray-Parahi et al., 2016). Interestingly, and somewhat counterintuitively, there is currently a shortage of positions in acute-care transition to professional practice programs and subsequent employment opportunities for graduate RNs (ANMF, 2014). Thus a proposed way to address both the shortage of acute-care positions for graduate RNs, and the need for RNs in PHC, is to develop transition to professional practice programs in PHC settings (Gordon et al., 2014).

In 2016 we developed, implemented, and evaluated a Community Transition to Professional Practice Program in the Northern Sydney Local Area Health District, designed specifically to develop and foster skills required for community health nursing. We assessed the graduates' intention to remain in PHC nursing after completing the program. We also assessed graduate competence, confidence, and experiences of program support; these were compared with graduates in a conventional acute-care transition program.

## 2. Method

### 2.1. Design

This cohort study compared the experience and outcomes of the graduates in the Community Transition Program with graduates in an acute-care transition program, conducted between February 2016 and February 2017.

### 2.2. Participants

The intervention group included all graduates in the Community Transition Program and their preceptors. Candidates for the Community Transition Program were drawn from those graduates who had been successfully recruited via the NSW Health Nursing and Midwifery consortium process and had selected placement in the community program in their application. The comparison group included graduates undertaking a conventional acute-care transition program and their preceptors. All participants were RNs capable of answering written and oral questions in English. There were no exclusions based on age, gender, or graduate experience levels.

### 2.3. Recruitment

Graduates were recruited to the study during the orientation period within the first week of both transition programs. Graduates were informed that participation in the study was voluntary and not required for participation in the program. Preceptors were recruited at the commencement of the program, either during the orientation period or at follow-up meetings with the program coordinator. It was possible for a preceptor to be responsible for more than one graduate.

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