The Challenges And Opportunities Of Transitioning From Student Nurse To Registered Nurse

Mohammad Hussain Mohammed Almutairi , Mohammad Ali Mansor Johali , Mohammed , Bakheet Aamer Almhmadi , Salman Saad Raddad Al-Thagafi , Ahood Matlag Al Otaibi , Ahood Matlag Al Otaibi , Marzoq Mohammed Salem Al-Dossary Abdullah Ibrahim Hadadi , Mohammad Mubarak Aldosari , Khadija Mohd Alshehri , Mohammed Nashi Khlaf Aldawsari , Atyah Abdualkrem Fadhel Alzebali , Amnah Ahmed Hussain Khudayshi , Jameelah Ebrahim Mohammad Ayoub , Aish Rasheed Bahkalo , Manal Mohammad Ahmad Aswani

Abstract

Studies indicate that there is a greater occurrence of medical mistakes while new practitioners are transitioning into the workforce. This is partly attributed to the overall disturbance in the health services caused by the arrival of new workers and the lack of expertise among these newcomers. Nursing graduates have several difficulties while transitioning into professional practice and their capacity to provide exceptional patient care is influenced by their transition experience. The objective of this study was to thoroughly evaluate the current literature on the integration of newly graduated registered nurses (NGRNs) as well as their expertise as it related to patient safety. An examination of the existing research literature. The evaluation used essential terminology and Boolean operators to conduct a literature search. A comprehensive search was undertaken on the CINAHL, PsycINFO, Scopus, and Medline databases, as well as an in-depth examination of references, to uncover any additional material that may not have been previously identified. This study recognizes that novice graduate registered nurses (NGRNs) have diverse experiences when they first move into practice. Transition programs are very beneficial due to the organized framework and assistance they provide

throughout the first 12-month period of professional activity. The culture inside a ward has an impact on safety protocols, while there is a noticeable difference between the level of preparedness and the desired outcomes. The provision of emotional as well as practical support is crucial in assisting new nurses to effectively traverse the challenging first months of transitioning into clinical practice. Ultimately, this assistance will improve the clinical safety of newly graduated registered nurses (NGRNs). Supportive culture is essential for new graduate nurses to effectively use their knowledge and abilities in a safe manner and reduce stresses. There is a scarcity of material about the patient safety knowledge and practices of recently graduated registered nurses.

Keywords: Transitioning, challenges, nurse student, newly graduated registered nurses, transition experience

1. Introduction

The transition of new graduate registered nurses (NGRNs) has been the primary subject of research in recent years, following the influential publication "Reality Shock" by Kramer in 1974. Several studies have examined this topic, including those by Ankers et al. (2018), Blevins (2018), Draper (2018), Missen et al. (2016), and Ortiz (2016). Transitioning from student to registered nurse has several obstacles for new graduate nurses. However, the most important aspect is ensuring the delivery of safe and efficient care to their patients (Duchscher, 2008, 2009; Myers et al., 2010).

According to global reports from the World Health Organisation (WHO), Organisation for Economic Co-operation and Development (OECD), and The World Bank (2018), 10% of patients experience adverse events during their care. Therefore, it is crucial that newly graduated registered nurses (NGRNs) receive proper education and support during their transition to professional practice in order to prioritize patient safety. The objective of this literature review is to examine the level of patient safety knowledge among newly graduated registered nurses (NGRNs) when they begin their professional practice, the practical application of this information, and if their transition experiences have an impact on their capacity to provide high-quality patient care.

The topic of new graduate nurse transition has been extensively discussed in nursing literature ever since Kramer's influential publication, Reality Shock, in 1974. Researchers, like Benner (1984) and Duchscher (2008, 2009), have further elucidated the process of nurse skill acquisition and transition in order to comprehend the experiences of transitioning nurses amidst the increasing attrition of newly graduated registered nurses (NGRNs). Given that the NGRN shift is often referred to as a reality shock and transition shock (Duchscher, 2009), it is important to examine how this shock is impacting the NGRNs' capacity to provide safe and high-quality nursing care.

The issue of patient safety has received worldwide attention after the influential study by the Institute of Medicine (IOM) titled "To err is human" (Kohn, Corrigan, & Donaldson, 2000). The World Health Organization (WHO) has launched three global patient safety initiatives in response. These include Clean Care is Safer Care in 2005, Safe Surgery Saves Lives in 2008, and the Medication without Harm challenge in 2016 (Medication without Harm: WHO's Third Global Patient Safety Challenge, 2018). Nevertheless, instances of inadequate patient care persist, as shown by investigations such as the Mid Staffordshire Foundation Trust Inquiry (Francis, 2013), Morecambe Bay Investigation (Kirkup, 2015), and The Queensland Public Hospitals Commission of Inquiry (Davies, 2005), which have brought attention to significant shortcomings.

Nurses have a crucial role in providing direct patient care and have a significant impact on patient care and outcomes (Hendricks et al., 2015). Although nurses are not directly blamed for patient outcomes in the inquiry, the whole system and organizational culture in which they operate significantly affect the delivery of essential nursing care (Francis, 2013).

Duckett and Moran (2018) state that there is an increased occurrence of medical mistakes during periods of staff transition, such as when new graduate registered nurses (NGRNs), allied health professionals, and freshly graduating physicians join the team. The reason for this is the overall disturbance in the health services caused by personnel turnover and the lack of expertise among new employees (Duckett & Moran, 2018). Nursing graduates have several difficulties while transitioning to professional practice, as outlined in Duchscher's (2009) model of transition shock. The way they navigate this change will directly affect their capacity

to provide exceptional patient care. This review aims to revise a literature evaluation that was completed during the project's inception and included material.

Roles of nurses in primary healthcare (PHC) settings Community nursing has a well-established and extensive worldwide history, as shown by studies conducted by Ellefsen (2001), Peter (2002), Buhler-Wilkerson (2003), and Howse (2007). According to Meagher-Stewart (2001) and other researchers, community health nursing is a broad term that encompasses various specialized fields of nursing in the community setting, such as public health nursing, home health nursing, and nurse practitioner. This definition is supported by Jarvis (1981), King et al. (1994), Craig & Smith (1998), and Meagher-Stewart (2001). Despite undergoing certain adjustments over time, the function has traditionally been reserved for experienced nurses due to the high amount of autonomy and isolation associated with it (Kemp et al., 2002). Community nurses, who are primarily registered nurses, have historically worked within a comprehensive primary healthcare (PHC) framework. However, due to changes in healthcare delivery, they have had to acquire new skills and manage the conflicting demands of their PHC principles and the actual workload of postacute care. This has led to a redefinition of their roles and professional identity (Hallett et al., 2012).

2. Primary Health Care

The word 'Primary Care' is often used in literature as 'primary health care', and both terms are commonly used interchangeably. This might be the reason why the implementation of primary health care may vary across various locations and jurisdictions. Globally, there is significant uncertainty on the terminology used to refer to nursing in primary care (Freund et al. 2015). Primary care refers to the first point of care, often provided by a general practitioner or general practice nurse. Primary care integrates some ideas and techniques of primary health care, such as illness prevention and health promotion (Keleher 2001). Nevertheless, the availability of comprehensive primary healthcare (PHC) in general practice, as well as opportunities for advancement for general practice nurses, has been restricted due to funding arrangements that prioritize primary care services (Henderson et al., 2014). Consequently, the provision of primary healthcare tends to be selective rather than comprehensive (Rifkin & Walt, 1986).

Primary health care is a complete and holistic approach to health care that is considered the optimal paradigm. The Declaration of Alma Ata in 1978 introduced a charter consisting of 10 declaratory declarations. This charter aimed to redefine health and provide a comprehensive framework for healthcare (WHO 1978b). The PHC suggests that health should be accessible to all individuals, and it defines health as a condition characterized by optimal physical, mental, and social well-being. The document acknowledged the entitlements of people and the obligations of society and governments to prioritize primary healthcare, emphasizing the need to allocate less resources to warfare and more to healthcare (WHO 1978b). The principles of primary health care are based on the concepts of social justice, accessibility, fairness, sustainability, independence, self-determination, and the provision of cost-effective health services in close proximity to people's workplaces and residences (WHO 1978a). Despite its high cost, PHC is a more cost-effective option compared to other choices, making it a worthwhile investment. In order to attain comprehensive primary health care (PHC), it is essential that these concepts form the foundation of any future health care planning, as stated by the World Health Organization (2008) and the Australian Nursing Federation (2009).

The primary objective of current health policy is to mitigate the financial impact of the increasing prevalence of chronic diseases and an aging population. This is achieved by minimizing the duration of hospital stays, preventing avoidable hospital admissions, and promoting longer and more independent living in individuals' homes (Department of Health, 2009). Amid ongoing discussions on the interpretation of PHC in the context of health reforms, it is evident that these policies have brought about a substantial and irrefutable change in the way treatment is provided. The provision of healthcare, which used to be limited to acute care settings, is increasingly being extended to people's living and working environments. The demand for these services is increasing, as is the need for a highly qualified and ready-to-practice nursing workforce.

3. Demand and Supply for Workforce

As this situation develops, the composition of the nursing workforce is likewise undergoing transformation. The bulk of the nursing profession consists of Registered Nurses (RNs). Nearly two-thirds of these nurses work in the acute care

environment, however the number of nurses engaged in tertiary health care is decreasing with time (AIHW 2012). In contrast, the number of nurses working in the primary healthcare (PHC) context is increasing (HWA 2013, Kovner et al. 2014). Nurses are the predominant nonphysician workforce in primary care teams in the USA, Canada, Australia, UK, and the Netherlands (Freund et al., 2015). The majority of nurses working in primary healthcare (PHC) jobs in Australia are engaged as clinical nurses (CNs) in the public sector, with a total of 14,000 CNs. However, the private sector has had the most increase in this area, with 11,000 practice nurses employed in primary care roles (AIHW 2013).

According to the Australian Institute of Health and Welfare (AIHW) in 2013, about 40% of nurses are 50 years or older, and the average age of nurses is progressively rising. 80% of practicing nurses are aged over 40 years, with the majority being in their 50s, according to Bell (2013). This means that baby boomers make up the biggest generational group in the nursing field. Although there have been efforts to address the expected shortage of skills due to the retirement of a certain group (Thomas et al. 2013), it is projected that there will still be a deficit of 109,000 nurses between 2016-2025 (AIHW 2013, HWA 2013). To meet this demand, an extra 10,949 graduates (Registered and Enrolled Nurse) will be needed annually (Mason 2013). This event also indicates the departure of highly skilled nurses from the workforce, which will likely have a significant impact on the training of undergraduate nurses (UGN) and the support provided to new graduate RNs as they transition into their professional careers.

4. Transition Of A Newly Graduated Nurse

The transition to professional practice may be both exciting and intimidating for any recent graduate. The transition described here is characterized as both a process and an outcome, as stated by Chick and Meleis (1986). This is because the transition process takes place over a period of time but is also time-limited, resulting in a final product or conclusion. Undoubtedly, all individuals or groups involved in the transfer of new graduates are impacted to some extent by this process and hence have a vested interest in the final result.

The phase of professional transition for new graduate nurses may begin either in the last semester of their undergraduate studies (preregistration) or upon completion of

a three-year undergraduate nursing degree at the start of nurse registration (Brooks & Rojahn, 2011). The first year of practice is often seen as a ceremonial transition into the profession (Jewell 2013). Nevertheless, the primary concern about transition is not the timing of its occurrence, but rather the fact that it is a supervised, reliant, context-based learning experience and a cognitive apprenticeship in an authentic environment (Kramer et al., 2013). The significance of offering assistance to nurses at this time is unquestionable and well recognized in the global literature as crucial for the effective assimilation of newly graduated nurses into the profession (Blanzola et al. 2004, Scott et al. 2008, Owens 2013).

The findings derived from recent research on the transition of new graduate nurses in acute care settings have led to the creation and widespread implementation of hospital-based transition to practice programs (TPP) and residency programs (Haggerty et al., 2013). These one to two year programs are often well-organized and specifically intended to facilitate the important process of transitioning into professional practice. The majority of programs consists of an induction or orientation session and nearly always includes some kind of preceptorship (Rush et al. 2013). Based on a comprehensive analysis, there is compelling evidence that a time of supportive and organized preceptorship is advantageous for newly trained nurses, leading to improved recruitment and retention rates (Whitehead et al., 2013). However, although while TTP programs have been around for a long time (Schempp & Rompre 1986), the level of support for them varies and there is a lack of comprehensive recommendations due to a general lack of high-quality data (Levett-Jones 2005).

Reality shock, bullying, horizontal aggression, and exhaustion are consistently mentioned as factors that lead to the desire to quit the job. The intention to leave and burnout, which are often indicators of an eventual departure from the workforce (Flinkman et al. 2013), typically arise during the period of transition and integration into nursing practice. This is when newly graduated nurses (NGN) are frequently pushed to their maximum capacity and are most susceptible to negative effects (Parker et al. 2012). The separation of NGN (new graduate nurse) not only results in significant financial loss for the organization, but also has a detrimental effect on workplace morale (Hillman and Foster 2011). Additionally, the organization may incur expenses ranging from $100,000 (Cubit & Ryan 2011, El Haddad et al. 2013) to $145,000 (Thomas et al.

2013) in order to replace a new graduate nurse. These occurrences have also been associated with unfavorable patient outcomes (Booker 2011), which may have devastating effects for both the individual and the community. The primary factors contributing to a successful professional transition and integration are enhanced autonomy and self-assurance in the role. However, it is crucial to prioritize the safety of all parties involved, including the consumer, the nurse, and the organization.

5. Transitioning New Graduate Nurses Into Primary Healthcare (PHC) Jobs

The professional transition for nurses starts prior to registration, during their undergraduate studies. However, there are concerns that current UGN curriculum may lack enough Primary Health Care (PHC) material and fail to expose students to real PHC nursing duties outside the acute care/hospital context. This exposure might be limited and inconsistent (Keleher et al., 2010). Due to the growing need for qualified nurses in primary healthcare (PHC) settings and the expected shortage of nurses, it is expected that new graduate nurses will become more prevalent in this environment. This is because they make up the greatest group of potential future hires (Wells & Ellis 2010, HWA 2013). While there is little research literature on nursing responsibilities in primary healthcare (PHC), the existing studies mostly focus on transition research for new graduate nurses (NGN) in acute care settings. The literature clearly indicates that the transition to practice can be both exciting and highly stressful for new nurses. This period, which can last up to 12 months, is often characterized by turmoil and can significantly impact a new nurse's career. Even in familiar settings such as acute care, it may take a new graduate a considerable amount of time to feel confident in their abilities.

Positions such as the CN have traditionally been associated with experienced nurses who work within a case management model of care. This differs from the acute care setting where team nursing or patient allocation is the usual approaches (Fernandez et al., 2012). Case managers have a significant amount of responsibility for ensuring the follow-up and coordination of treatment, and they also serve as patient advocates (Lee et al., 1998). Irrespective of the care model, the position of a CN still include a range of nursing responsibilities and may require executing intricate operations alone in a

client's residence. These duties imply a degree of personal responsibility and independence that even highly competent, senior nurses in the acute care context may not have or may not choose to have. However, the concept of autonomy is often mentioned in the literature as a crucial characteristic of the community nursing job. This may be the reason why there is a widespread but unquestioned belief that community nursing is only for experienced practitioners (Kemp et al. 2005). Nevertheless, autonomy is associated with satisfaction, retention, and safety in workforce and new graduate transition studies (Altier & Krsek 2006, Kramer et al. 2013).

Therefore, it might potentially be used as a motivating factor to attract individuals to sectors such as primary healthcare (PHC). Nevertheless, there is a prevailing ambiguity over the specific responsibilities of nurses in primary healthcare (PHC), as well as the extent to which their position has evolved over time. Despite the significant development in the movement of new graduate nurses into the primary healthcare (PHC) sector and the clinical nurse (CN) position, the present literature has not addressed this problem. The complexity of these concerns and the thought-provoking topics they raise may be unsettling for some individuals. This work aims to provide lucidity and guidance for future research endeavors.

6. Conclusion

The factors motivating change are complex but have resulted in a substantial transition from hospital-based to community-based care delivery. Inexperienced nurses who are entering this demanding setting provide an additional layer of intricacy and even possible danger, especially in positions where they provide care independently, at the client's home.

Additional investigation is required to delve into the transition of new graduate nurses in primary healthcare (PHC). Specifically, focusing on this particular environment will allow for an examination of the distinct experiences of recently graduated registered nurses (RNs) in these positions and varied contexts. This study will provide valuable insights into their safety, competence, and the demands they face as emerging professionals. This evidence will provide valuable insights for future implementation of practices, regardless of the location. Both the primary healthcare (PHC) and acute care sectors need

clear standards for best practices and accurate methods of measuring the effective transfer of new graduate nurses.

Without any concrete evidence, the current acute care models of transition have been modified for use in the primary healthcare (PHC) setting. However, due to the limitations of research and variations in practice environments, these pre-existing strategies may only serve as a general reference for transition until this phenomenon is thoroughly studied. Applying the concepts of Primary Health Care (PHC) such as holism, inclusiveness, and connection may provide a framework to analyze these intricate challenges and address the question of how to effectively train and assist the next generation of nursing professionals as they move into new positions in this distinct setting. New graduate nurses must be adequately trained to work in settings such as the home, where resources are few and yet more intricate care is increasingly being delivered. The preparedness of newly graduated nurses, especially in unfamiliar and intricate settings such as primary healthcare, will provide a clear benefit for all parties involved.

References

1. AIHW (2012) Nursing and Midwifery Workforce 2011. Australian Institute of Health and Welfare, Canberra.
2. AIHW (2013) Nursing and Midwifery Workforce 2012. AIHW, Canberra.
3. Al-Mazrooa AA (2011) Evolving nurses into home health care practice. Home Health Care Management & Practice **23**, 118–124.
4. Altier ME & Krsek CA (2006) Effects of a 1-year residency program on job satisfaction and retention of new graduate nurses. Journal for Nurses in Staff Development **22**, 70–77.
5. ANF (2009) Primary Health Care in Australia. Australian Nursing Federation, Sydney, p. 71.
6. Beck CT (2001) Predictors of postpartum depression: an update. Nursing Research **50**, 275–285.
7. Bell K (2013) In practice, nurses offer a healthier future for primary care. Health Voices **20**(11), 46.
8. Blanzola C, Lindeman R & King ML (2004) Nurse internship pathway to clinical comfort, confidence, and competency. Journal for Nurses in Staff Development: Official Journal of the National Nursing Staff Development Organization **20**, 27–37.

9. Booker CA (2011) An Exploration of Factors that Influence End of Career Nurses' Decision Making Regarding their Workforce Participation. Australian Catholic University.

10. BoychukDuchscher J (2008) A process of becoming: the stages of new nursing graduate professional role transition. The Journal of Continuing Education in Nursing **39**, 441.

11. Brookes K, Davidson PM, Daly J & Hancock K (2004) Community health nursing in Australia: a critical literature review and implications for professional development. Contemporary Nurse **16**, 195–207.

12. Brooks N & Rojahn R (2011) Improving the quality of community placements for nursing students. Nursing Standard **25**, 42–47.

13. Brown MA & Olshansky EF (1997) From limbo to legitimacy: a theoretical model of the transition to the primary care nurse practitioner role. Nursing Research **46**, 46–51.

14. Brown M & Olshansky E (1998) Becoming a primary care nurse practitioner: challenges of the initial year of practice. Nurse Practitioner **23**, 46, 52, 54–56, 61–62, 64–66.

15. Buhler-Wilkerson K (2003) No Place Like Home: A History of Nursing and Home Care in the United States. JHU Press.

16. Carey T, Wakerman J, Humphreys J, Buykx P & Lindeman M (2013) What primary health care services should residents of rural and remote Australia be able to access? A systematic review of "core" primary health care services. BioMed Central Health Services Research **13**, 178.

17. Casey K & Fink R (2004) The graduate nurse experience. Journal of Nursing Administration **34**, 303.

18. CASP (2014) Critical Appraisal Skills Programme (CASP): CASP Checklists CASP UK, Oxford UK. Available at: **http://www.casp-uk.net/#!casp-tools-checklists/c18f8** (accessed 28 December 2014).

19. Chaya J, Reilly M, Davin D, Moriarty M, Nero-Reid V & Rosenfeld P (2008) Preparing newly licensed associate degree nurses to work in home health care. Home Health Care Management & Practice **21**, 44–53.

20. Chick N & Meleis AI (1986) Transitions: A Nursing Concern. School of Nursing Departmental Papers, 9.

21. Clare J & Loon Av (2003) Best practice principles for the transition from student to registered nurse. Collegian: Journal of the Royal College of Nursing Australia **10**, 25–31.

22. Cooper HM (1982) Scientific guidelines for conducting integrative research reviews. Review of Educational Research **52**, 291–302.

23. Craig PM & Smith LN (1998) Health visiting and public health: back to our roots or a new branch? Health & Social Care in the Community **6**, 172–180.

24. Craig C, Moscato S & Moyce S (2012) New BSN nurses' perspectives on the transition to practice in changing economic times. Journal of Nursing Administration **42**, 202–207.

25. Cubit KA & Ryan B (2011) Tailoring a graduate nurse program to meet the needs of our next generation nurses. Nurse Education Today **31**, 65–71.

26. Cusack L, Gilbert S & Fereday J (2013) Flexibility in competency-based workplace transition programs: an exploratory study of community child and family health nursing. Journal of Continuing Education in Nursing **44**, 129–136.

27. Department of Health (2009) Health Service Framework for Older People 2009–2016: Improving Health & Wellbeing Together. Statewide Service Strategy Division, South Australia, pp. 1–48.

28. Doley B & Roberts S (2005) Professional development. Managing student transitions into primary care. British journal of community nursing **10**(12), 563–565.

29. Dyess SM & Sherman RO (2009) The first year of practice: new graduate nurses' transition and learning needs. The Journal of Continuing Education in Nursing **40**, 403.

30. Edwards JB & Alley NM (2002) Transition to community-based nursing curriculum: processes and outcomes. Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing **18**, 78–84.

31. El Haddad M, Moxham L & Broadbent M (2013) Graduate registered nurse practice readiness in the Australian context: an issue worthy of discussion. Collegian **20**, 233–238.

32. Ellefsen B (2001) Changes in health visitors' work. Journal of Advanced Nursing **34**, 346–355.

33. Ellis I & Chater K (2012) Practice protocol: transition to community nursing practice revisited. Contemporary Nurse: A Journal for the Australian Nursing Profession **42**, 90–96.

34. Evans D & Pearson A (2001) Systematic reviews: gatekeepers of nursing knowledge. Journal of Clinical Nursing **10**, 593–599.

35. Fernandez R, Johnson M, Tran DT & Miranda C (2012) Models of care in nursing: a systematic review. International Journal of Evidence-Based Healthcare **10**, 324–337.

36. Flinkman M, Leino-Kilpi H & Salantera S (2013) Nurses' intention to leave the profession: integrative review. Journal of Advanced Nursing **66**, 1422–1434.

37. Freeling M & Parker S (2014) Exploring experienced nurses' attitudes, views and expectations of new graduate nurses: a critical review. Nurse Education Today **35**(2), e42–e49.

38. Freund T, Everett C, Griffiths P, Hudon C, Naccarella L & Laurant M (2015) Skill mix, roles and remuneration in the primary care workforce: who are the healthcare professionals in the primary care teams across the world? International Journal of Nursing Studies **52**, 727–743.

39. Ganong LH (1987) Integrative reviews of nursing research. Research in Nursing & Health **10**, 1–11.

40. Gavin MJ, Haas LJ, Pendleton PB, Street JW & Wormald A (1996) Orienting a new graduate nurse to home healthcare. Home Healthcare Nurse **14**, 381–387.

41. Gordon CJ, Aggar C, Williams AM, Walker L, Willcock SM & Bloomfield J (2014) A transition program to primary health care for new graduate nurses: a strategy towards building a sustainable primary health care nurse workforce? BioMed Central Nursing **13**, 34.

42. Haggerty C, Holloway K & Wilson D (2013) How to grow our own: an evaluation of preceptorship in New Zealand graduate nurse programmes. Contemporary Nurse: A Journal for the Australian Nursing Profession **43**, 162–171.

43. Hallett CE, Madsen W, Pateman B & Bradshaw J (2012) "Time enough! or Not enough time!": an oral history investigation of some British and Australian community nurses' responses to demands for "efficiency" in health care, 1960–2000. Nursing History Review **20**, 136–161.

44. Happell B (1998) Student nurses' attitudes toward a career in community health. Journal of Community Health **23**, 269–279.

45. Hartung SQ (2005) Choosing home health as a specialty and successfully transitioning into home health nursing practice. Home Health Care Management & Practice **17**, 370–387.

46. Henderson J, Koehne K, Verrall C, Gebbie K & Fuller J (2014) How is Primary Health Care conceptualised in

nursing in Australia? A review of the literature. Health & Social Care in the Community **22**(4), 337–351.

47. Hillman L & Foster RR (2011) The impact of a nursing transitions programme on retention and cost savings. Journal of Nursing Management **19**, 50–56.