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Transitioning into new clinical areas of practice: an integrative review of the literature

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Transitioning into new clinical areas of practice: an integrative review of the literature

Abstract

Aims and objectives: To critically synthesise research related to the transition of registered nurses into new areas of clinical practice.

Background: Global workforce shortages and rising healthcare demands have encouraged registered nurses to move into new clinical settings. While a body of literature reports on the transition of newly qualified nurses, evidence surrounding the transition of more experienced registered nurses to new clinical areas remains poorly explored.

Design: An integrative review was conducted, guided by Whittemore and Knafl (Journal of Advanced Nursing, 52, 2005, 546) framework.

Methods: An electronic database search was conducted for papers published between 1996-2016. Papers were then subjected to a methodological quality appraisal, with findings synthesised using thematic analysis into core themes.

Results: Ten articles met the inclusion criteria. Three themes emerged, namely Support, Professional Development and Emotional Impact. These themes suggest that transitioning nurses experience challenges in adapting to new clinical areas and developing necessary skills. Such challenges prompted various emotional and physical responses. While formal and informal support systems were regarded as valuable by transitioning nurses, they were inconsistent across the new clinical areas.

Conclusions: There is some evidence to highlight the initial shock and emotional stress experienced by registered nurses during transition to a new clinical area. However, the influence of formal and informal support systems for such registered nurses is far from conclusive. Further research is needed, to examine registered nurse transition into a variety of clinical areas to inform workforce support, policy and practices.

Relevance to clinical practice : The demand of health care is growing while global shortages of nursing workforce remain. To ensure retention and enhance the transition experience of registered nurses, it is important for nurse leaders, managers and policymakers to understand the transition experience and factors that impact this experience.

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

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Transitioning into new clinical areas of practice: an integrative review of the literature

ABSTRACT

Aims and objectives. This review aims to critically synthesise research related to the transition of Registered Nurses into new areas of clinical practice.

Background. Global workforce shortages and rising health care demands have encouraged Registered Nurses to move into new clinical settings. While a body of literature reports on the transition of newly qualified nurses, evidence surrounding the transition of more experienced Registered Nurses to new clinical areas remains poorly explored.

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Conclusion. There is some evidence to highlight the initial shock and emotional stress experienced by Registered nurses during transition to a new clinical area. However, the influence of formal and informal support systems for such Registered Nurses is far from conclusive. Further research is needed, to examine Registered Nurse transition into a variety of clinical areas to inform workforce support, policy and practices.

Relevance to clinical practice. The demand of health care is growing while global shortages of nursing workforce remain. To ensure retention and enhance the transition experience of Registered Nurses, it is important for nurse leaders, managers and policy makers to understand the transition experience and factors that impact this experience.

Key words: transition, adaptation, Registered Nurses, experience, workforce, integrative review

Summary

What does this paper contribute to the wider global clinical community?

- Whilst there are growing global concerns of nursing recruitment and retention to appropriately meet health service needs, there is a lack of published research focusing on the transition of Registered Nurses moving to new clinical areas.

- Registered Nurses who transition into new clinical areas describe a range of personal and professional challenges. Though successful transition is associated with interpersonal support and experiential learning, transitioning nurses experience both psychological and physical stress while adapting to new settings.

- Regardless of previous clinical experience and professional attributes, the process and impact on transitioning nurses in the review shares common characteristics with organisational socialisation theory.

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Introduction

Currently, the nursing profession faces major challenges in developing and sustaining a skilled workforce that will meet the rapidly rising demand for health care. Demand driven by population health trends, combined with an aging nursing workforce and poor retention rates, has resulted in nursing shortages internationally (Jones & Sherwood 2014).

While international workforce policies indicate that the mobilisation and redistribution of existing nursing workforce is often required (Buchan, Twigg, Dussault, Duffield & Stone 2015; Jones & Sherwood 2014), such demands have led to clinical areas having to employ nurses who have no previous experience in that particular setting (O'Sullivan 2002; Reising 2002). While there is a considerable body of knowledge that has reviewed newly qualified nurse's transition to clinical practice (Dyess & Sherman 2009; Evans, Boxer & Sanber 2008) , there has been comparatively little attention paid to experienced Registered Nurses moving into different clinical areas (Ashley, Halcomb & Brown 2016; Dellasega, Gabbay, Durdock & Martinez-King 2009). Therefore, reviewing the current evidence surrounding the transition for Registered Nurses into new clinical settings can potentially provide greater insights into the experience of nurses, their support needs and considerations for workforce planning.

Background

Pre-registration nursing education has evolved over time from hospital based apprenticeship type training to university based education (Daly, Speedy & Jackson 2013). One of the fundamental principles of such reform was the belief that nurses would have a more generic and consistent education to prepare them to work in a range of clinical settings (Daly et al. 2013). Such principle combined with nursing workforce globalisation, suggest that Registered Nurses now have increasing opportunities to work across health care settings regardless of previous experience.

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With an increasing international shortage of nurses (Buchan et al. 2015; Jones & Sherwood 2014), many countries have set policies and initiatives to sustain and distribute the workforce to help meet community needs. Many of these initiatives include encouraging the mobility of Registered Nurses and expanding nursing practice to the full extent of their education and training to ease the burden (Buchan et al. 2015). Workforce shortages have been particularly noted in specialist areas, including; mental health, critical care and emergency areas (HWA 2014). This has led some to argue that co-ordinated action is required to ensure that the projected gap between supply of nurses and the demand for services is reduced (Buchan et al. 2015; Jones & Sherwood 2014) . Based on such a complex workforce landscape, the successful transition of nurses employed to improve such demands is essential (Jones & Sherwood 2014). The movement of a nurse between different clinical settings is a time of personal transition and is likely associated with significant impact on a person's identity, role, relationships and behaviours (Ashley et al. 2016; Kralik, Visentin & Van Loon 2006). With growing opportunities to change professional career paths, Registered Nurses are faced with new and unfamiliar experiences as part of their transition where they no longer function as an expert but rather are situated as a novice (Thomes 2003). Such a period is therefore problematic, as it is a critical time for knowledge development, skill acquisition and socialisation and, as a consequence, impacts effectiveness in performing new roles and workplace retention (Carr, Pearson, Vest & Boyar 2006; Thomes 2003).

While current theories of transition for newly qualified nurses outline specific process and its outcomes from such experiences (Duchscher 2009), it is unclear if such theories can be applied to experienced registered nurses. Furthermore, a recent literature review regarding Registered Nurse transition to primary health care (Ashley et al. 2016), found that successful transitions was associated with individual expectations, personal characteristics and organisational support

and that understanding such experience during transition could optimise retention and enhance the nurses experiences. This integrative review will build on existing knowledge by critically synthesising what is currently known about the experiences of Registered Nurses transitioning into new clinical areas, and identify considerations for research, policy and practice.

Aims and methods

Aim

To critically synthesise research related to the transition of Registered Nurses into new areas of clinical practice.

Design

An integrative review method, as described by Whittemore and Knafl (2005) was used. Integrative reviews provide an opportunity to summarise past empirical and/or theoretical literature to gain a more comprehensive understanding of a particular phenomenon with the potential to build nursing science, informing research, practice, and policy initiatives.

Search methods

A search for papers published between 1996-2016 was performed in CINAHL, Scopus, SAGE and Wiley Online Library. Twenty years of literature were searched, reflecting significant changes to health care internationally in the last two decades. Search terms included 'transition', 'sociali?ation', 'role change', 'adaptation' and 'Registered Nurse', 'nurs*' and 'experience', 'impact', 'perception', 'outcome*'. Additional papers were identified via manual searches of the reference lists of relevant papers. English language papers were included in this review if they

reported primary research on the experiences of Registered Nurses, who had at least one years' clinical experience and were moving into a new clinical area. Papers were excluded if they: (1) focussed on students, newly qualified nurses or Registered Nurses transitioning into new roles (i.e. management, Nurse Practitioner); or (2) had a primary focus on describing an established program for transitioning nurses rather than their experiences/outcomes.

Search outcome

The initial search identified 1008 citations. Duplicates and papers where the title did not meet the inclusion criteria were discarded, 164 papers remained. A further 98 papers were discarded after careful analysis of their abstracts revealed that they did not meet the inclusion criteria. The full text of the remaining 66 papers were examined against the inclusion criteria by two authors (GK and EH). Ten papers met the criteria and were thus included in the review (Figure 1).

Quality appraisal

Methodological rigor in each article was assessed utilising the Critical Appraisal Skills Program checklists (CASP 2014). Based on a scoring system developed by Pluye, Gagnon, Griffiths and Johnson-Lafleur (2009), an allocated score of 1 for 'present' and 0 for 'not present' was utilised. The included papers scored a range from a maximum of 100% to 60%. The lower scores reflected more limited information relating to ethics, the relationship between researchers and participants and the data collection. As these were not fatal flaws, while Pluye et al. (2009) recommends excluding the lowest methodological quality studies, no studies were removed.

Data abstraction and synthesis

Relevant content from each included paper was abstracted into a summary table (Table 1). Due to the diverse methodologies used, a meta-analytic approach was not considered appropriate and findings from the papers were synthesised into core themes using a process of constant

comparison to produce categories and distinguish patterns, themes, variations and relationships (Whittemore & Knafl 2005).

RESULTS

Included papers

The included literature spanned six countries (Table 1). Most studies utilised qualitative methodologies (Farnell & Dawson 2006; Fujino & Nojima 2005; Gohery & Meaney 2013; Harris & Happell 1999; Murray 1998; Rosser & King 2003; Simpson, Butler, Al-Somali & Courtney 2006; Turnbull & Beese 2000; Winters 2016) with the exception of one mixed methods study (Hartung 2005). Sample sizes varied from a transition program for two Registered Nurses (Simpson et al. 2006) to a phenomenological study of 25 Registered Nurses (Murray 1998). Included papers studied participants at the time of transition (n=3) or retrospectively (n=7) after their transition to a new clinical practice area.

Themes

Three main themes emerged from the review, namely; Support, Professional Development and Emotional Impact. As can be seen form the discussion below, each theme also comprised a number of sub-themes.

Support

Support for transitioning nurses was seen to come from either formal transition programs or via informal support from other staff.

Formal Support

Four included studies (Farnell & Dawson 2006; Gohery & Meaney 2013; Rosser & King 2003; Simpson et al. 2006) described the use of preceptors to support transitioning nurses. Overall,

preceptors were seen as highly knowledgeable and skilled in their area of practice and supported the confidence and new learning's for transitioning nurses. Successful preceptor experiences were linked to ongoing close workings where questions and experiential learning was encouraged (Farnell & Dawson 2006; Simpson et al. 2006). However, inconsistencies in the length of preceptor period, levels of engagement, teaching and positive role modelling were also noted by transitioning nurses. The outcome of such experiences saw some preceptors being perceived as uninterested or difficult to work with (Farnell & Dawson 2006; Gohery & Meaney 2013; Rosser & King 2003).

The provision of an orientation program and subsequent *supernumerary* experience prior to independent practice was considered essential in developing the confidence of transitioning nurses (Farnell & Dawson 2006; Hartung 2005; Murray 1998; Simpson et al. 2006). In particular, longer and comprehensive orientation with increased exposure to various clients and clinical scenarios was seen as important in understanding the complexities of the new environment that transitioning nurses would be working in (Hartung 2005; Simpson et al. 2006). Conversely, a rushed orientation compounded with high client allocations was found to result in role stress, with some nurses reporting that they had considered resigning due to feeling overwhelmed in their new roles (Hartung 2005; Murray 1998).

Informal Support

Informal support from senior experienced nurses was also identified as important by transitioning nurses. Hartung (2005) reported that ongoing support and access to experienced nurses helped transitioning nurses develop their personal and professional confidence as well as guide their clinical skill development. Such support facilitated general adjustment to the new

setting and increased nurse's awareness for the intricacies of the role well past the initial introduction period (Fujino & Nojima 2005; Hartung 2005).

While senior staff were seen as highly skilled and knowledgeable (Farnell & Dawson 2006; Gohery & Meaney 2013; Rosser & King 2003), several studies described mixed support from senior staff which impacted transitioning nurses in their clinical experiences and socialisation to the new environment (Farnell & Dawson 2006; Gohery & Meaney 2013; Rosser & King 2003; Winters 2016). Though transitioning nurses commenced roles with various clinical experience and skills from other settings, their previous experience was not always seen as being valued by other staff. In these situations transitioning nurses described feeling unaccepted, watched over, ostracised and unfairly critiqued (Rosser & King 2003; Winters 2016). As a result, many transitioning nurses felt they were unable to be assertive with senior staff regarding their professional judgement and clinical opinions (Rosser & King 2003). Such outcomes led to some transitioning nurses to only engage with 'trusted staff' who they found approachable rather than those with expertise (Farnell & Dawson 2006; Gohery & Meaney 2013).

Senior staff also influenced the socialisation process (Farnell & Dawson 2006; Winters 2016). Transitioning nurses were seen to frequently adopt a workplace culture which included being pressured to conform to inappropriate clinical practices with fear of future retribution and bullying from others (Rosser & King 2003). Winters (2016) found that the pressure of being accepted by the culture of an emergency unit led to transitioning nurses believing they had to accept such a culture or otherwise, would be unable to professionally progress. Furthermore, Farnell and Dawson (2006) dscovered that the outcome of socialisation experiences resulted in transitioning nurses being called derogative names which they then repeatedly modelled towards other transitioning nurses new to the setting.

Professional Development

Professional Development was influenced through increasing knowledge and skill acquisition over time and adapting to the role required within the clinical setting.

Knowledge and Skills Acquisition

Seven studies described how transitioning nurses were overwhelmed with the amount of new knowledge required (Farnell & Dawson 2006; Gohery & Meaney 2013; Hartung 2005; Murray 1998; Rosser & King 2003; Turnbull & Beese 2000; Winters 2016). Though education days and ongoing self-directed and experiential learning supported the integration of new knowledge (Farnell & Dawson 2006; Gohery & Meaney 2013; Hartung 2005; Murray 1998; Simpson et al. 2006), transitioning nurses continued to question their own skills and knowledge (Farnell & Dawson 2006; Murray 1998).The notion of feeling 'deskilled' in their new role was particularly identified by Farnell and Dawson (2006). Though participants in their study had between 1 to 10 years' nursing experience prior to transition, many felt that their prior skills were not transferable to the new environment of critical care. Transferability of skills was also considered by Harris and Happell (1999) in their study of mental health nurses. They reported that while common skills exist in hospital and community settings, the context of practice defined the application of such attributes. While doubt of transferable skills and knowledge resulted in transitioning nurses feeling ill-equipped, unskilled to use specific equipment or unprepared to care for clients, such beliefs were reduced with increasing familiarity of environment, ongoing education and with further clinical exposure (Farnell & Dawson 2006; Gohery & Meaney 2013; Hartung 2005; Rosser & King 2003; Winters 2016).

Adaption to the Role

Four studies described the challenges faced by transitioning nurses in adapting to the nursing role required in the new setting (Gohery & Meaney 2013; Hartung 2005; Rosser & King 2003; Winters 2016). Some transitioning nurses acknowledged that they had placed unrealistic expectations on themselves in adjusting to the role especially if they had experience in similar clinical tasks from previous settings (Rosser & King 2003; Winters 2016). However, for others, adapting to a new clinical role was described as a 'sink or swim' experience regardless of personal expectations (Hartung 2005). The immediacy of these difficulties was particularly noted during initial supernumerary period when transitioning nurses were allocated patients that did not compliment their skills, knowledge, experience or confidence (Farnell & Dawson 2006; Rosser & King 2003).

Fujino and Nojima (2005) study of nurses transitioning through ward rotations depicted ongoing doubts in participants' perceived abilities to fulfil their new roles. However, the initial shock of adapting to roles decreased with ongoing clinical practice especially in cases when core duties were mastered before concentrating on more complex and holistic duties (Fujino & Nojima 2005; Simpson et al. 2006; Winters 2016).

Emotional Impact

Eight included studies identified some type of negative emotions experienced by participants during their transition (Farnell & Dawson 2006; Fujino & Nojima 2005; Gohery & Meaney 2013; Murray 1998; Rosser & King 2003; Simpson et al. 2006; Turnbull & Beese 2000; Winters 2016). Anxiety and feeling overwhelmed was identified initially when transitioning nurses questioned their skills, knowledge and clinical judgement required for the role (Farnell & Dawson 2006; Gohery & Meaney 2013; Murray 1998; Rosser & King 2003). Ongoing distrust of skills left some transitioning nurses comparing themselves to how they felt as a student with feelings of guilt (Farnell & Dawson 2006). Stress and reduced confidence was particularly identified for those

being introduced to autonomous roles with increased accountability (Harris & Happell 1999; Murray 1998; Simpson et al. 2006; Turnbull & Beese 2000). While feelings of being overwhelmed were linked to settings of exposure to repeated death and dying patients (Rosser & King 2003; Simpson et al. 2006), other studies indicated that even adjusting to using new equipment and engaging with unique Multi-Disciplinary Teams made some feel uncomfortable during transition (Gohery & Meaney 2013; Winters 2016).

In addition to emotional distress, some transitioning nurses indicated that such turmoil led to them experiencing physical health issues including; insomnia, nausea, weight loss and gastric bleeding (Fujino & Nojima 2005; Gohery & Meaney 2013). This expression of physical symptoms demonstrates the strength of the emotions experienced and the impact upon the individual.

The emotional impact of transition improved over time as participants adjusted to new tasks and roles (Farnell & Dawson 2006; Gohery & Meaney 2013; Winters 2016). Supportive preceptors and senior experienced staff were identified with reducing emotional burden (Gohery & Meaney 2013; Hartung 2005; Simpson et al. 2006), while mutual support of other transitioning nurses assisted in relieving emotions regarding general adjustment to the role and environment (Murray 1998; Rosser & King 2003; Winters 2016). Furthermore, reflective practice, in the form of clinical supervision and reflective journals was also seen as beneficial (Farnell & Dawson 2006; Rosser & King 2003; Simpson et al. 2006).

Discussion

With growing global concerns of nursing recruitment and retention to appropriately meet ongoing community expectations (Buchan et al. 2015; Jones & Sherwood 2014), it is important that Registered Nurses are supported in their transition to new clinical areas. Facilitating smooth

transitions has the potential to improve job satisfaction and retention of skilled nurses. Despite the importance of this workforce issue, only a limited amount of research focusing on the transition of Registered Nurses to employment in new clinical areas was identified . As reported by Ashley et al. (2016) in their review of transition to primary health care employment, the limited research is in stark contrast to the large body of literature published around the transition of new graduates into nursing practice (Cowin & Hengstberger-Sims 2006; Rush, Adamack, Gordon, Lilly & Janke 2013; Scott, Keehner Engelke & Swanson 2008). Whilst common themes emerged from this review, the limited available literature highlights the need for further research to better understand the transition process and support workforce planning across the spectrum of health care areas.

Of interest was the significant emotions experienced by transitioning nurses. Regardless of previous clinical experience or professional attributes, negative psychological emotions in particular stress and anxiety was considered in all but two papers and was found to even manifest into physical health symptoms. Emotional experiences and staff wellbeing has been explored in nursing research (Brunetto, Xerri, Shriberg, Farr-Wharton, Shacklock, Newman & Dienger 2013; Khamisa, Peltzer, Ilic & Oldenburg 2016), demonstrating a direct correlation to job satisfaction and turnover. However, with the literature review highlighting that negative psychological and physical emotional impact occurring at the onset of transition, urgent evaluation is required to further explore transitioning nurses to ensure appropriate workforce policies strategies are developed and utilised to maximise nursing retention.

The review identified a variety of support systems that directly influenced the transition experiences of transitioning nurses. A key concern was inconsistent interpersonal support from senior staff and preceptors. Research on preceptors for newly qualified nurses also depicts inconsistency with levels of engagement, expectations, positive reinforcement, role modelling,

teaching and socialisation (Cubit & Ryan 2011; Dyess & Sherman 2009). While long term outcomes from positive preceptors and senior staff can result in increased nursing retention (Whitehead & Holmes 2011), this review demonstrated similar findings to newly qualified nursing with immediate negative impacts of interpersonal support linked to clinical confidence, competence and feeling safe as a valued member of the clinical team (Coyne & Needham 2012; Cubit & Ryan 2011; Dyess & Sherman 2009).

The impact on transitioning nurses seen in the review shares common characteristics with organisational socialisation theory. In this theory new employees are transformed through an interactive process moving from organisational outsiders to effective insiders (Ashforth & Saks 1995). Links to such theoretical underpinnings includes the role of senior staff and co-workers as socialisation agents for new staff (Field & Coetzer 2011). The use of socialisation tactics by organisations to influence role clarity and adjustment (Ashforth, Sluss & Saks 2007) can also be linked to the literature review findings of orientation, formal education and preceptor support for transitioning nurses. Though organisational socialisation theory has demonstrated links to staff commitment, turnover and performance in other industries (Allen 2006; Bauer, Bodner, Erdogan, Truxillo & Tucker 2007; Carr et al. 2006), there has been minimal though promising research in the field of nursing (Bae 2012; Cohen & Veled-Hecht 2010; Tomietto, Rappagliosi, Sartori & Battistelli 2015). Therefore, further research to determine any sufficient correlation with such theory and related outcomes for Registered Nurses transitioning into new clinical settings may be indicated.

Conclusion

This integrative review has highlighted that Registered Nurses, regardless of their previous clinical practice and capabilities, find transitioning into new settings both personally and professionally challenging. There is evidence from this review to highlight the initial shock and

emotional stress experienced during transition. This is essential for workforce planners, policy makers and managers to acknowledge when employing Registered Nurses. Whilst both formal and informal interventions were seen to positively support Registered Nurses moving into new clinical environments the evidence around these interventions is far from conclusive.

While research surrounding transitional shock of newly qualified nurses and organisational socialisation theory provides comparative theoretical links to the literature review, further exploration of these frameworks with Registered Nurses undertaking transition could further inform workplace policies to influence recruitment and retention.

Relevance to clinical practice

The demand of health care is growing while global shortages of nursing workforce remain. To ensure enhance the transition experience of Registered Nurses into new clinical settings and promote the retention of skilled nurses, it is important for nurse leaders, managers and policy makers to understand the transition experience to inform policy, practice and organisational support.

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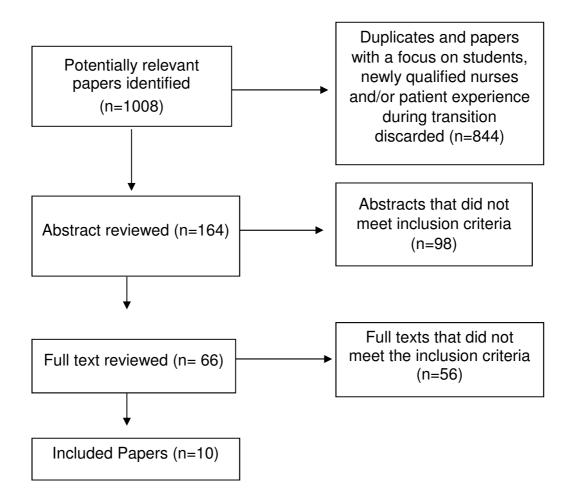
FIGURE 1. Process of paper selection –PRISMA Flow diagram

Table 1. Summary of Included Studies

Citation	Country	Clinical Area	Method	Sample	Key Findings
Farnell and Dawson (2006)	UK	Critical Care	Longitudinal phenomenology interviews at 1, 3 and 6 months	14 nurses – 11 female 1-10 yrs experience	• One participant had previous critical care work experience, although 7 had completed student placements in critical care. • Rationale for transition to new area was based on improving knowledge, experience and clinical skills. • Supernumerary period was essential though generated anxiety due to perceived lack of knowledge and skills. • Clinical Supervision, education and peer support from other transitioning nurses was seen as valuable. • Preceptors were considered positive for those who had time availability and encouraged questions while others had difficulties in developing relationships and ensuring competencies were completed. • Some senior supporting staff were more friendly and able to provide constructive criticism than others. • Patient allocations were not always made according to new nurse's skill and abilities which increased anxiety. • Level of knowledge required to care for critically ill patient's surprised participants. Initially participants felt overwhelmed, but after 6 months they were able to acknowledge their progress. • Participants considered being unskilled for the role and due to lack of skills and knowledge compared their transition to that of a student or newly qualified nurse and questioned the transferable of their previous skills and attributes to the new setting. • Participants were often labelled as (i.e. 'D grades') which they began to reflect to other new nurses. • Participants linked the concept of 'moving on' with adapting to culture and increasing their confidence due to improvements of knowledge and skills.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Fujino and Nojima (2005)	Japan	General ward rotations	Qualitative interviews	21 nurses – all female 4-25 yrs experience	• Participants reported a sense of obligation to ward rotation and considered it valuable in career development while others expressed dissatisfaction and considered minimal professional development as a result of rotating. • Perceived stressors of rotation were related to role overload, gaps of competency and fear of losing previous skills. • During rotation, experiences of frustration, regret, loneliness led to related physical symptoms such as nausea and weight loss. As a result, some participants had to intentionally challenge themselves to improve their perceptions and emotional impact of transition. • Overtime, participants became more positive of rotations which were aided through regaining self-esteem, developing personal relationships with other staff and gaining a professional self of value. • 3/21 nurses continued to report negative self-evaluations of ward rotation due to lack of confidence and difficulties in working with new team members.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Gohery and Meaney (2013)	Ireland	Critical Care	Heideggerian phenomenology interviews	9 nurses - all female 2-20 yrs experience	• Lack of confidence, increased stress and physical disturbances such as insomnia was experienced and linked to initial increased responsibility and accountability of new role. • While preceptors and support from senior staff was seen as positive and approachable, this was inconsistent for all transitioning nurses with reports of participants only engaging staff they perceived as helpful which led to some transitioning nurses considering themselves as a hindrance to such staff. • After initial fixed preceptor period, increased stress and anxiety occurred due to increase accountability and responsibility of patient care. • Feeling unprepared for the role was linked to insufficient knowledge and skills including use of clinical equipment which led to lack of confidence in communicating with the greater multidisciplinary team. • Overtime, participants became more familiar with the environment, colleagues and the general role which improved prior beliefs of incompetents.
Harris and Happell (1999)	AUS	Community mental health	Qualitative interviews	6 nurses – 3 female 1-6 yrs experience	• Previous hospital based experience and related education had minimal assistance in transferring to new practice area. • While certain skills were considered universal throughout areas of nursing, the approach and application of such attributes were not. As a result, many participants had to re-learn and adjust such skills for the new environments. • Autonomous duties in the community was considered essential yet previous hospital experience left participants inadequately prepared to undertake such responsibilities to undertake role. • Moving from hospital setting to the community required a change in mentality of common principles linked to a structured hospital environment.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Hartung (2005)	USA	Home health care	Grounded theory Multiple interviews	12 nurses – 11 female 6-10 yrs experience	• Nurses went through three phases of transition: 'Information Marathon', 'Closing the Gaps' and 'Crossing the goal line'. No outright time periods were found between phases and duration was dependant on nurses own experience of the clinical area. • Full time participants transitioned quicker based on greater exposure to practice. • The increase of new knowledge and awareness of clients required for position led participants doubting their ability to undertake role. • Initial transition demonstrated ongoing difficulties through 6-10 months, • Final phase of transition was characterised by refinement of the skills and knowledge specific to the various types of clients and clinical situations. • Orientation that lasted less than a week was linked to difficulties in knowledge uptake and confidence of role. • Short staffing meant that transitioning nurses had to increases client loads in short period which led to overwhelming transitioning nurses and some considered resignation. • The second phase was indicated by increased progression of knowledge and skills and gaining confidence in working with complex clients. • While ongoing complexities of the role continued to test nurses confidence in the role, constant support from experienced staff was considered to be professionally and personally vital in overcoming this.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Murray (1998)	USA	Home health care	Phenomenology interviews	25 nurses – all female Aged 25-56 yrs 1- 15 yrs experience	• All had voluntarily sought employment in home health care. • All expressed a lack of understanding about the differences in nursing practice between settings when they moved employment. • Many had to personally seek education to up skill on particular clinical issues and found this frustrating. • 17/25 had a 2 week orientation program, with others having between 1-3 day orientation. • Length of orientation periods was inked to expressed role stress and uncertainty to perform duties. • Common stressors related to transition included limited access to support and resources, feeling isolated due to decreased professional interaction, relinquishing traditional nursing responsibilities to carers, and documenting for billing. • Adjusting to the role was linked with transitioning nurses making independent decisions and being accountable for their practice, adjusting to performing tasks in a new environment, making decisions without others around and becoming clinically competent in a new area. • Recommendations to assist transition including acknowledging the 'novice' in transitioning nurses, ongoing education and peer support systems.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Rosser and King (2003)	UK	Hospice care	Qualitative interviews	4 nurses, 3 mentors, 4 team leaders 2-20 yrs experience	• Supporting staff considered a greater perceived areas for development than compared to transitioning nurses prior to commencing role. • Deskilling was considered an initial response during transition with links to new nurse doubting their previous acquired abilities and skills for the new role. • While transitional nurses brought transferable skills, this was not always acknowledge and influenced the perception of being welcomed to the clinical area. • While professional respect for new nurses existed, participants noted a pressure to conform to established practices in the new clinical environment. • Established mentors was considered positive though not always consistent in their support and threats of such relationship included lack of time, inadequate shift pairing and perceived power dynamics. • New nurses were impacted by exposure to death of clients which increased their self-awareness and distressing emotions. • Clinical supervision and peer support of other new nurses was essential in supporting the emotional impact experienced through transition and working with complex client situations.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Simpson et al. (2006)	Saudi Arabia	community nursing	Case study Focus group	2 nurses 4 yrs experience	• Transitional model for transitioning nurses consisted of: dimensions, domains of practice and evaluation. • The model was considered effective at overcoming knowledge and skill deficits with preceptors providing opportunities for learning, mentoring and overall support. • Nurses recognised that they required development of skills, knowledge and attitude for new role and found that preceptors were essential in encouraging their transition and developing confidence. • Working with complex families, developing different critical thinking in an autonomous position, increased communication skills and time management was seen as ongoing challenges. • Exposure to various clinical environments as part of initial orientation was seen as important to understanding eventual client group and was found to prepared nurses for potential emotional impact such as working with dying clients. • Reference to prior clinical experience and professional attributes was essential to successful transition.

Citation	Country	Clinical Area	Method	Sample	Key Findings
Turnbull and Beese (2000)	UK	Criminal justice system	Qualitative interviews	6 nurses	• 1/6 had received specific training and education in preparation for the role. Remaining participants felt discomfort of not having prior preparation or briefing about the type of service provided. • Lack of knowledge of procedures, isolation and perception of the significance of role in comparison to previous positions caused significant concern. • Collaboration and relationships with other professional in various agencies determined the success for transition. As a result, participants had to modify their language and responses with certain professionals to obtain mutual respect. • Adjustment to role included developing relationship with other professional, working with different parameters of patient information and change of decision making process. • With transition outcome participants compared the significant differences between their previous and current positions and considered their identity to that of traditional nursing roles.
Winters (2016)	USA	Emergency Department	Grounded Theory Interviews	7 nurses 2- 19 yrs experience	• Initially nurses expressed being treated differently by senior staff through receiving being unfairly critiqued, ostracized or being given work excess work that was less complex. • Initially stages continued to be overwhelming, chaotic and feeling unaccepted, unsupported and watched over. • Once new nurses accepted the ward culture, they were able to commence roles similar to other senior staff which tested their new competence in the position. • Senior staff were seen as essential in recognising and moving transitioning nurses through stages of transition with providing greater accountability, flexibility and respect. • Overtime, transitioning nurses began to lose the feeling of being new and with new responsibilities of the role, felt that they earned the identity of an emergency nurse.