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# Exploring the transition experiences of recently qualified health visitors to understand their support needs.

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## Exploring the transition experiences of recently qualified health visitors to understand their support needs

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### Review question

What are the experiences of recently qualified health visitors (RQHVs) as they transition into health visiting practice?

What is currently known about how RQHVs are supported during their transition?

What kinds of support do RQHVs experience?

What support is required by RQHVs?

Who currently provides support to RQHV, and does it meet their needs?

### Searches

#### Inclusion Criteria

- Databases to be used for searches: CINAHL, MEDLINE, EMBASE, Google Scholar and MAG Online Library
- Studies published between January 2013 and January 2024 reflect health visiting policy changes such as the Named Person Role (Scottish Government 2014) and Universal Pathway (Scottish Government 2015).
- Studies from the United Kingdom, Canada, United States America, Ireland and Australia. These countries are recognised as having health visiting services similar to those in the United Kingdom (Institute of Health Visiting 2021).
- Studies published in English and full-text studies. This will allow for the eligibility of the study to be assessed (Aveyard 2021).
- Primary studies, including quantitative, qualitative, and mixed method methodologies as recommended in integrative reviews to provide a comprehensive understanding of the review questions (Whittemore and Knafl 2005).

#### Exclusion Criteria

- Conference papers, editorials, discussion papers, opinion papers, systematic reviews, literature reviews, grey literature, and unpublished studies will not be sought.

Prior to the final analyses, searches will be re-run, and any further identified studies will be retrieved for inclusion.

### Search strategy

[https://www.crd.york.ac.uk/PROSPEROFILES/480731\\_STRATEGY\\_20240103.pdf](https://www.crd.york.ac.uk/PROSPEROFILES/480731_STRATEGY_20240103.pdf)

### Types of study to be included

**Inclusion:** Primary studies, including quantitative, qualitative, and mixed method methodologies as recommended in integrative reviews to provide a comprehensive understanding of the review questions (Whittemore and Knafl 2005).

**Exclusion:** Conference papers, editorials, discussion papers, opinion papers, systematic reviews, literature reviews, grey literature, and unpublished studies.

### Condition or domain being studied

Health visitors are nurses who have completed a master's degree to become Specialist Community Public Health Nurses (Nursing and Midwifery Council 2022). Given the challenges of transitioning into their new and complex health visiting role, McInnes (2013) and NHS Education for Scotland (2021) acknowledge recently qualified health visitors (RQHVs) require two years of ongoing support. However, little is known about their transition experiences or, consequently, the type and availability of support that they would require. What is known is that there are consistently high vacancy levels for this role in the health service (Institute of Health Visiting 2023, Care Opinion 2023). Since the pandemic, there has been an increase in the complexity of health visiting caseloads with a rise in the levels of child protection concerns and developmental delay in children (Public Health Scotland 2022). Government policy regards health visitors as having an important role in mitigating the impact of the pandemic on children and their families, yet there continues to be little understanding of the support needs of those transitioning into the role. If RQHVs are to work successfully in this increasingly complex field, then a greater understanding of their transition experiences and support needs is necessary.

### Participants/population

**Inclusion:** Studies focused on recently qualified health visitors or equivalent search criteria terms such as public health nurses with two years or less experience in practice.

**Exclusion:** Studies focused on School Nurses and Family Health Nurses.

### Intervention(s), exposure(s) [1 change]

Support interventions experienced by recently qualified health visitors and equivalent practitioners during their transition period to determine what types of support are available, what support is required, and who currently provides support.

### Comparator(s)/control [1 change]

Not applicable

### Context

Studies in a community setting with practitioners who work with children under five and their families in their own homes. Research in English-speaking countries will be included.

### Main outcome(s) [1 change]

To determine what is currently known about the transition experience of recently qualified health visitors and equivalent practitioners to establish the barriers and facilitators of support during the transition period.

### Measures of effect

Not applicable

### Additional outcome(s)

None

### Data extraction (selection and coding) [1 change]

Using the PRISMA flow chart guidelines (PRISMA 2020), the review team will extract and code the selected full-text articles. The integrative review five-step process, as advocated by Whitmore and Knafel (2005), will be used to ensure the review has credibility and rigor. I (FN) will take the lead in searching databases, the initial screening of all titles and abstracts, and the extraction of data.

When the duplicates are removed, CK and EM will each screen 10% of the searches, titles, and abstracts against the inclusion criteria. All full-text articles will then be scrutinised by FN, CK, or EM to ensure the inclusion criteria are met. If there are any disagreements, these will be discussed to try and reach a consensus, or in the event this is not possible, a third reviewer will be consulted.

The Critical Appraisal Skills Programme (CASP) tool will be used to assess the quality of quantitative and qualitative studies, with the Mixed Methods Appraisal Tool (MMAT) used to assess mixed-method studies. These tools will consistently assess the quality of each article, considering the aims, sample strategy, data collection, analysis, and researcher reflexivity.

A table format will be used to display the extracted data and key findings. This will be reviewed by CK and EM.

The results from the findings of the included articles will be used for data analysis and synthesis to understand the support to the needs of recently qualified health visitors and equivalent practitioners as they transition into practice.

### Risk of bias (quality) assessment

The appropriate Critical Appraisal Skills Programme (CASP) tool will be used to assess the quality of each of the selected qualitative and quantitative studies (Aromatarise et al. 2018). The MMAT (Mixed Methods Appraisal Tool) will be used to assess mixed-method studies (Hong 2018). The quality screening of each study will be reviewed and discussed with CK and EM.

### Strategy for data synthesis

The constant comparison method, a four-step process, will be used to synthesise the data (Whittemore and Knafel 2005).

- 1: Data reduction: The data will be categorised into subgroups, and data on transition experiences and support will be extracted and coded from the selected studies. Through careful organisation of the data, comparisons can be made with the data set (Whittemore and Knafel 2005).
2. Data display: a visual representation of the initial patterns and interplay between the data on the support needs and the experiences of transition will be made.
3. Data comparison: an iterative comparison process will analyse the visual representation and coding subgroups to locate patterns, discrepancies, and relationships within the data related to support needs and transition experiences (Yonas, Shahzad, and Inayat 2021).
4. Conclusion drawing and verification: this final part of the process will move the analysis from the descriptive process to synthesising the key elements of the subgroups and generating a new comprehensive understanding of the transition experiences and support needs.

### Analysis of subgroups or subsets

Not planned.

### Contact details for further information

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### Organisational affiliation of the review

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### Review team members and their organisational affiliations

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### Type and method of review

Systematic review

### Anticipated or actual start date

08 January 2024

### Anticipated completion date

28 November 2024

### Funding sources/sponsors

None

### Conflicts of interest

### Language

English

### Country

Scotland

### Stage of review

Review Ongoing

### Subject index terms status

Subject indexing assigned by CRD

### Subject index terms

MeSH headings have not been applied to this record

### Date of registration in PROSPERO

03 January 2024

### Date of first submission

08 December 2023

### Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

*The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.*

*The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.*

### Versions

03 January 2024