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Transition to Specialty Practice Program characteristics and professional development outcomes

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ABSTRACT

Background: Transition to Specialty Practice Programs was introduced to facilitate the transition of nurses to specialty practice, and is recognised as preparatory for emergency nurses. Emergency nursing Transition to Specialty Practice Programs and their characteristics have developed locally in response to unit needs.
Objective: The aim of this study was to examine the characteristics of emergency nursing Transition to Specialty Practice Programs in Australia, and identify which characteristics were associated with improved professional development outcomes.
Methods: An explanatory sequential design was used. Data were collected via online surveys and interviews of emergency Nurse Managers and Nurse Educators. Transition to Specialty Practice Program characteristics were compared using Mann Whitney U and Chi-Square tests. Content analysis was used to analyse qualitative data.
Results: Survey data were collected from 118 emergency departments, and 13 interviews were conducted. Transition to Specialty Practice Programs were offered in most emergency departments ($n = 80$, 72.1%), with one or two intakes per year. Transition to Specialty Practice Program characteristics varied; duration ranged from 5–12 months, clinical preparation time ranged from 7–22 days, and the number of study days provided ranged from 2–6. When Transition to Specialty Practice Programs of 6 and 12 months duration were compared, there was no difference in the content covered. Emergency departments with 12 month Transition to Specialty Practice Programs had lower percentages of Clinical Specialists (9% vs 18%, $p = 0.03$) and postgraduate qualified nurses (30.5% vs 43.8%, $p = 0.09$).
Conclusion: The target participants, duration and clinical preparation of Transition to Specialty Practice Programs participants varied, impeding workforce mobility and articulation to postgraduate study and there were no professional development advantages from longer programs. There is an urgent need for a nationally consistent, evidence-based and fiscally responsible approach to Transition to Specialty Practice Programs.

1. Background

Transition to Specialty Practice Programs (TSPPs) combine incentives such as extended orientation, theoretical preparation, supernumerary time, and clinical support (Morphet et al., 2011), to provide a structured, supported transition for novice nurses entering a nursing specialty (Boyle et al., 2008). TSPPs have been introduced in emergency departments (EDs) and other specialty areas nationally and internationally since the late 1990s, to ensure the provision of safe and effective patient care (Boyle et al., 2008), and improve recruitment, preparation and retention of emergency nurses (Morphet et al., 2011).

While not a formal qualification, TSPPs are reported to provide a foundation for emergency nursing practice (Morphet et al., 2011). However, most emergency nursing TSPPs have been developed locally in response to ED needs. As a result, there is variability in the aims, design, and characteristics of TSPPS, which is likely to affect participant outcomes. Variability in TSPPs limits mobility of the emergency nursing workforce, as future potential employers lack clarity about what they can expect from a TSPP graduate. It is therefore important to examine the characteristics of emergency nursing TSPPs, to identify which

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characteristics are most effective in developing the skills and knowledge of novice emergency nurses. This study aimed to examine ED TSPP characteristics, and identify which characteristics were associated with improved professional development outcomes.

2. Design

A mixed methods explanatory sequential approach was used in this study. Purposive sampling was used to collect quantitative data via online survey of ED Nurse Managers and Nurse Educators. Following analysis of the quantitative data, qualitative data were collected via semi-structured interview of select participants to explain and give context to the quantitative results (Morgan, 2007). The decision to use mixed methods in this study was due to the paucity of research on emergency nursing TSPPs. This paucity required an initial examination of the breadth of TSPPs, which was achieved by prioritising the quantitative approach, collecting data from a large sample across Australia. The interviews conducted with ED Nurse Unit Managers and Nurse Educators helped to clarify quantitative statistical relationships and provided meaning to the quantitative findings; (Creswell, 2009; Fetters et al., 2013).

2.1. Sample

There are 183 public hospitals with EDs in Australia (Australian Institute of Health and Welfare, 2010). Typically, EDs in Australia treat both adults and children, and in 2011–2012, each ED in Australia treated a median of 34,645 patients (National Health Performance Authority, 2013). Thirty-two EDs were excluded from the study sample as they were not considered representative of a typical Australian ED. The excluded EDs either treated less than 5000 patients in the 2010–2011 year ($n = 19$) or treated a specific patient population ($n = 13$) (Australian Institute of Health and Welfare, 2011). This left 151 EDs in the sample.

2.2. Ethical approval

Ethics approval was obtained from Deakin University and 12 health services around Australia. Research governance approval was obtained from 140 hospitals around Australia, and the EDs at those hospitals were included in the sample.

2.3. Data collection

Two surveys were used and quantitative data were collected in parallel throughout 2013. The ED Nurse Manager is a Registered Nurse (RN) responsible for the daily management of the ED, including nurse staffing, so was uniquely able to provide data about the ED profile. The survey completed by Nurse Managers collected data about the ED and staffing profile (number of treatment spaces, rostered nursing hours, and nurses' qualifications). The ED Nurse Educators are also RNs but are responsible for delivering nursing education in the ED, and were able to provide information about the TSPP The survey completed by Nurse Educators collected data on TSPPs and emergency nursing education (TSPP duration, mode of content delivery, support provided, and access to online and physical learning resources). The surveys required participants to identify the hospital at which they were employed to enable the data entered by the Nurse Manager to be matched to the corresponding survey completed by a Nurse Educator where possible. Each ED was then assigned a numeric identification number for data analysis, and individual EDs could not be identified during data analysis, although they could still be linked to their peer group and state. Details of survey development are described in a separate paper (Morphet et al., in press).

TSPP characteristics including the orientation, supernumerary time and clinical support shifts provided to TSPP participants were examined, as a way of estimating the resources utilised within TSPPs. Orientation days were defined as those first days of employment typically spent introducing nurses to the ED environment, functions, policies and protocols, staff and paperwork. Supernumerary shifts were defined as shifts spent working alongside and observing an experienced emergency nurse, without direct responsibility for the patient load (Allan and Smith, 2009; McGowan and McCormack, 2003). By comparison, during a clinical support shift, the TSPP participant is responsible for the clinical patient load, and an experienced emergency nurse is present in a supernumerary capacity to provide guidance and support. During analysis of these data, it became clear that terms were being used interchangeably by Nurse Educators, and so the term 'clinical preparation time' was used to describe the combination of orientation days, and supernumerary and clinical support shifts provided to TSPP participants.

Professional development outcomes were measured in terms of the percentage of emergency nurses on the roster who were employed in Clinical Specialist positions, and the percentage of emergency nurses on the roster who had completed a relevant postgraduate qualification, both of which were considered to reflect the level of professional development of the nursing team within the ED. In order to overcome variations in state industrial relations agreements, the term Clinical Specialist is used to describe Clinical Nurses (Queensland, South Australia, Western Australia), Clinical Nurse Specialists (New South Wales, Northern Territory, Victoria), Grade 4 Nurses (Tasmania), and Level 2 Nurses (Australian Capital Territory). An emergency Clinical Specialist is a registered nurse with a high degree of knowledge, skill, and clinical decision-making in emergency nursing (New South Wales Health, 2011; Victorian Hospitals' Industrial Association, 2012). A *relevant* postgraduate qualification was defined as a graduate certificate or higher level of qualification in emergency nursing or critical care.

2.4. Data analysis

Data in this study were grouped and analysed by hospital peer group. The hospital peer groups were based on their range of admitted patient activities and regional location (Australian Institute of Health and Welfare, 2013). A detailed description of the hospital peer groups is presented elsewhere (Morphet et al., in press).

Quantitative data were analysed using Statistical Package for Social Sciences (SPSS) V.20 (IBM Corporation, 2012). Respondents were required to indicate whether the ED they worked in, offered a TSPP. For the purpose of this paper, when respondents indicated they did not offer a TSPP, no further analysis was undertaken. Descriptive statistics were used to describe TSPP structure and characteristics. Relationships between specific TSPP characteristics (TSPP duration, number of study days) and nurse staffing and professional development were examined using Mann Whitney U and Chi Square Test (Polit and Beck, 2014). Fishers Exact Test was utilised when expected frequencies were less than five in one cell or more. An alpha coefficient of 0.05 was accepted as indicating statistical significance (Polit and Beck, 2014). Qualitative data were analysed using content analysis (Polit and Beck, 2014). Interview participants were allocated codes to distinguish between participants. For example, NM 4 indicates that the fourth interview was with a Nurse Manager, and NE 6 indicates that the sixth interview was with a Nurse Educator.

2.5. Integration of data

The two data types collected in this study were integrated at several points. Firstly, the sequential design allowed the quantitative data to guide qualitative data collection. The sample used in for the interviews were derived from the survey sample (Fetters et al., 2013; Tashakkori and Teddlie, 2010). The interviews helped to clarify quantitative statistical relationships and provided context, enhancing or expanding on the data gathered via the survey (Creswell, 2009; Fetters et al., 2013).

Finally, the findings were reported by concept (outcomes) rather than by the manner in which they were collected.

3. Results

Surveys were sent to one Nurse Manager and Nurse Educator at each of the 140 EDs in the sample (280 surveys). The response rate for the surveys was 75.7% and the survey completion rate was 77.8%. In total, 212 surveys were commenced (101 Nurse Manager surveys, 111 Nurse Educator surveys), and 165 surveys were completed, providing data on 118 EDs (Fig. 1). Interviews were conducted with seven Nurse Educators and six Nurse Managers from 13 different EDs. The interviewees were based in Victoria ($n = 5$), Queensland ($n = 3$), NSW ($n = 3$), South Australia ($n = 1$), and Australian Capital Territory ($n = 1$). Interviewees had a median of 14 years of emergency nursing experience (*IQR* 12–18.5 years). The Nurse Managers had been in their role between 1 and 15 years (*Mdn* = 4.5 years, *IQR* 1.8–9.8 years). The Nurse Educators had 2–7 years of Nurse Educator experience (*Mdn* = 5 years, *IQR* 3.5–7.0 years).

3.1. Participants

TSPPs were offered in three-quarters of the EDs surveyed ($n = 80$, 72.1%). TSPPs were most commonly conducted in large metropolitan EDs ($n = 11$, 84.6%) and principal referral EDs ($n = 47$, 82.5%), and were not offered in small rural and remote EDs (Table 1). Most TSPPs were conducted once ($n = 22$, 35.5%) or twice ($n = 26$, 41.9%) per year (*Mdn* = 2, *IQR* = 1–2), with an intake of a group of up to 20 participants (*Mdn* = 4, *IQR* = 3–8). In some EDs, the TSPP would not run if there were less than four participants, as it was seen to be too resource intensive (NM 3 and 13; NE 5 and 8).

TSPPs targeted inexperienced RNs with 1–2 years nursing experience post qualification ($n = 63$, 80.8%). RNs with more than 2 years nursing experience ($n = 41$, 52.6%) and graduate nurses ($n = 38$, 48.7%) were the other commonly targeted participants. Two TSPPs (2.6%) were also reported to be offered to enrolled nurses.

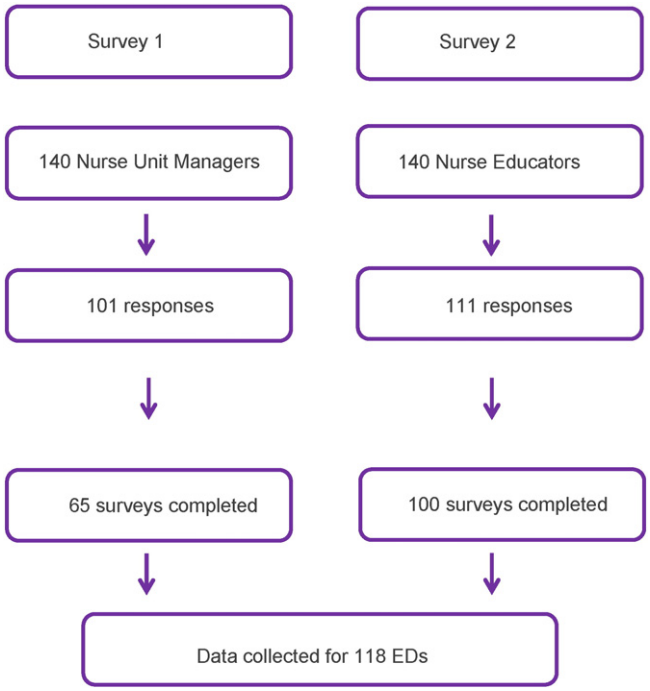

Fig. 1. Survey response flow chart.

Table 1
Prevalence of Transition to Specialty Practice Programs by peer group and state.

	TSPP offered	
	n	%
Peer Group		
Principal referral ($n = 57$)	47	82.5
Large metropolitan ($n = 13$)	11	84.6
Large regional and remote ($n = 14$)	9	64.3
Medium metropolitan & rural ($n = 22$)	13	59.1
Small rural and remote ($n = 5$)	0	0
State		
Australian Capital Territory ($n = 2$)	2	100
New South Wales ($n = 44$)	32	72.7
Northern Territory ($n = 4$)	0	0
Queensland ($n = 16$)	13	81.3
South Australia ($n = 4$)	3	75.0
Tasmania ($n = 4$)	4	100
Victoria ($n = 28$)	23	82.1
Western Australia ($n = 9$)	3	33.3
Total ($n = 111$)	80	72.1

Note: TSPP = Transition to Specialty Practice Program.

3.2. Aims of emergency nursing transition to specialty practice programs

Sixty-six Nurse Educators (84.6%) provided information about the aims of the TSPP in their ED. The most commonly reported aims of emergency TSPPs were development of knowledge ($n = 46$, 69.7%) and skills ($n = 26$, 39.4%) of TSPP participants. Interviewees reported that TSPPs aimed to facilitate the professional development of emergency nurses, by ensuring they had the knowledge required to care for patients, and increasing the rate of clinical progression through the ED. Most of the interviewees reported that the aim of TSPPs in their EDs was for participants to be working as the novice nurse in the resuscitation cubicles, caring for patients with critical illness or injury, by completion of the twelve month TSPP (NM 1, 3, 9, 13; NE 2, 5, 8, 10, 12). Some TSPPs were also introduced as a means of capacity building, with interviewees identifying recruitment and retention as key aims of their TSPPs.

3.3. Duration

Most TSPPs were 12 months duration (*Mdn* = 12 months, *IQR* = 5–12 months). The duration of TSPPs had a negative association with nursing professional development outcomes. EDs with TSPPs that were 6 months duration had a higher percentage of nurses who held a relevant postgraduate qualification (43.8%) than EDs with TSPPs that were 12 months duration (30.8%, $p = 0.09$). There was also a significantly higher percentage of Clinical Specialist staff in EDs with TSPPs of 6 months' duration (18%) compared with TSPPs of 12 months' duration (9.8%, $p = 0.03$) (Table 2).

Table 2
Professional development outcomes of Transition to Specialty Practice Programs.

	6 month TSPP	12 month TSPP				
	%	%	*U*	*z*	*p*	*r*
Percentage of nurses with a postgraduate qualification						
	($n = 9$)	($n = 19$)	51.0	1.70	0.09	0.32
	43.8	30.8				
	28.5–47.7	20.8–40.0				
Percentage of nurses who were Clinical Nurse Specialists						
	($n = 10$)	($n = 20$)	52.5	2.09	0.03	0.38
	18.0	9.8				
	13.4–25.4	2.7–17.7				

Note. TSPP = Transition to Specialty Practice Program.

3.4. Clinical preparation

Survey data showed that TSPP participants were offered 1 to 20 orientation days when they first commenced in the ED (*Mdn* = 3 days, *IQR* = 2–5 days). Participants were also offered 0–20 supernumerary shifts (*Mdn* = 2 shifts, *IQR* = 1–3 shifts), and 0–52 clinical support shifts (*Mdn* = 5 shifts, *IQR* = 2–10 shifts). Nine Nurse Educators indicated that no direct clinical support was provided to TSPP participants in their EDs, but CNEs were available as required. In addition, six Nurse Educators indicated that clinical support shifts were provided to TSPP participants 'as needed', with no maximum number of shifts.

The median number of clinical preparation days (sum of orientation, supernumerary and clinical support days) provided to each TSPP participant was 12 (*IQR* = 7–22). Clinical preparation days seemed to be associated with professional development outcomes. EDs with TSPPs which had 10–12 days of clinical preparation time had a slightly higher percentage of nurses with a relevant postgraduate qualification (34.5%), than EDs with either 1–9 days of clinical preparation time (33.3%) or 13+ days of clinical preparation time (23.5%) (Table 3). This difference was not statistically significant ($p = 0.63$). In addition to the clinical preparation provided to participants, many TSPPs offered further learning opportunities including learning packages ($n = 51$, 63.8%), clinical progression goals ($n = 50$, 62.5%), and the allocation of preceptors ($n = 41$, 51.3%).

EDs with TSPPs which had 10–12 days of clinical preparation time also had a greater percentage of Clinical Specialist staff (19.9%), than EDs with either 1–9 days of clinical preparation time (15.6%) or 13+ days of clinical preparation time (6.7%). It is likely that this did not reach statistical significance due to limited sample size ($p = 0.18$).

3.5. Content delivery

TSPP content was delivered either via paid study days ($n = 53$, 81.5%), self-directed learning packages ($n = 51$, 78.5%), or a combination of both of those approaches ($n = 46$, 70.8%). Study days included lectures, tutorials and simulation. The number of study days within TSPPs ranged from 0–15 (Mdn = 5, IQR = 2–6). Only 12 Nurse Educators indicated that the TSPP did not include study days, so comparisons could not be made between TSPPs with study days and TSPPs without study days.

The content within each TSPP was examined to identify content that was common to all TSPPs. Nurse Educators were provided with a list of content areas and asked to indicate which content was included in the TSPP in their ED. Table 4 shows that the most common TSPP content areas included: adult assessment ($n = 56$, 83.6%); chest pain management ($n = 51$, 76.1); respiratory emergencies ($n = 50$, 74.6%); and paediatric assessment ($n = 48$, 71.6%). TSPPs which included study days incorporated substantially more content than TSPPs which did not have study days and were self-directed. There was no major difference in the content delivered between TSPPs that were 12 months duration and TSPPs that were 6 months duration (Table 4).

Table 3
Clinical preparation days and professional development outcomes.

	1–9 days clinical preparation	10–12 days clinical preparation	13+ days clinical preparation	$\chi 2$	*df*	*p*
Percentage of nurses with a relevant postgraduate qualification						
	$n = 5$	$n = 6$	$n = 8$	0.94	2	0.63
Mdn	33.3	34.5	23.5			
IQR	13.9–40.1	21.5–49.2	17.1–39.1			
Percentage of nurses who were Clinical Nurse Specialists						
	$n = 5$	$n = 6$	$n = 8$	3.48	2	0.18
Mdn	15.6	19.9	6.7			
IQR	4.2–20.5	12.2–26.2	2.1–17.5			

3.6. Articulation to Postgraduate Study

More than one-third of Nurse Educators surveyed reported that the TSPP in their ED formally articulated to postgraduate study ($n = 23$, 38.3%), providing credit into postgraduate emergency nursing programs for participants who completed the TSPP. Of these, just over half ($n = 13$, 56.5%) received one unit of credit, while the remaining TSPPs ($n = 10$, 43.5%) were awarded two units of credit in postgraduate programs (*Mdn* = 1, *IQR* = 1–2). Interviewees valued the credit awarded to TSPPs, and reported that it provided a stimulus for many TSPP graduates to enrol in postgraduate study (NM 1, 3, 4 and 13; NE 2, 5 and 8).

There was a significant association between the duration of TSPPs and credit towards postgraduate study ($p = 0.01$) (Table 5). TSPPs which were twelve months' duration were statistically more likely to receive credit towards postgraduate study ($n = 19$, 54.3%) than TSPPs which were six months' duration ($n = 4$, 21.1%). There was also a significant association between TSPPs with written assessments and credit towards postgraduate study (exact $p = <0.001$). More than half of the TSPPs with written assessments were awarded credit towards postgraduate study ($n = 22$, 57.9%), while only one TSPP without a written assessment (4.5%) was awarded credit towards postgraduate study. The mode of TSPP content delivery did not influence whether postgraduate credit was awarded. One-third of TSPPs with study days ($n = 20$, 39.2%) and one-third of TSPPs which were self-directed ($n = 3$, 37.5%) received credit towards postgraduate study ($p = 0.93$).

4. Discussion

This study had two major findings: i) there is variability between TSPPs, and ii) there were no educational benefits to offering a TSPP of twelve months rather than six months duration. Variations in TSPP outcomes also limit the application of recognition of prior learning, and articulation to higher degrees. Emergency nursing TSPPs are recognised as preparatory for novice emergency nurses, yet inconsistencies between TSPPs mean that TSPP graduates are not prepared to the same level. In the following section, the variations in TSPP characteristics will be discussed and compared with participant outcomes.

The prior experience required of TSPP participants varied, with newly graduated RNs entering some TSPPs, while many other EDs only employed RNs with one year or more of post-registration nursing experience. Since the introduction of nursing educational preparation to the university sector, the professional development of RNs in Australia has followed a fairly standard pathway starting with completion of a Bachelor of Nursing at university, followed by completion of a hospital employment-based Graduate Nurse Program (GNP). It is important to be clear about the intent of GNPs versus TSPPs and treat them as separate entities. The employment of newly graduated RNs should occur via GNPs as the intent is preparation for *nursing* practice (Nurse Policy Branch, 2003). By comparison, the intent of TSPPs is to prepare RNs (who know how to practice as RNs) for practice in the specialty in which they are offered (Boyle et al., 2008). As the majority of GNPs are 12 months duration, it is unlikely that TSPP participants will have less than one year's nursing experience prior to commencing a TSPP. It may also be argued that transition from student nurse to RN needs to occur prior to, and as a basis for, transition from RN to specialist practice. It is therefore the view of the authors that participants have at least 12 months of post-registration nursing experience prior to commencing a TSPP.

TSPP aims and the anticipated end-point of TSPPs also varied, although this did not necessarily reflect the level of nursing experience of TSPP participants. Most TSPPs aimed to develop the theoretical knowledge of participants, preparing participants for emergency nursing practice. Although TSPPs were intended to prepare novice emergency nurses, participants were expected to provide care for patients with critical illness or injury by completion of the TSPP. There is no evidence in the emergency nursing TSPP literature to support the

Table 4
Content Delivered in TSPP, comparing content delivered via study days with self-directed learning, and duration of TSPP.

Content themes	Sites reporting content delivered ($n = 67$)		Content delivered via study days ($n = 53$)		Content delivered within self-directed TSPPs ($n = 12$)		Content delivered in 6 month TSPP ($n = 20$)		Content delivered in 12 month TSPP ($n = 39$)	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Adult assessment	56	83.6	51	96.2	4	33.3	18	90.0	34	87.2
Chest pain management	51	76.1	47	88.7	3	25.0	16	80.0	31	79.5
Respiratory emergencies	50	74.6	47	88.7	3	25.0	16	80.0	31	79.5
Paediatric assessment	48	71.6	43	81.1	4	33.3	17	85.0	28	71.8
Cardiac emergencies	46	68.7	43	81.1	2	16.7	13	65.0	32	82.1
ECG interpretation	45	67.2	41	77.4	3	25.0	13	65.0	30	76.9
Shock	45	67.2	39	73.6	2	16.7	13	65.0	27	69.2
Trauma	45	67.2	40	75.5	4	33.3	13	65.0	29	74.4
Mental health emergencies	43	64.2	40	75.5	2	16.7	17	85.0	26	66.7
Neurological emergencies	41	61.2	39	73.6	2	16.7	13	65.0	26	66.7
Pain management	41	61.2	38	71.7	2	16.7	14	70.0	25	64.1
Communication	41	61.2	39	73.6	1	8.3	14	70.0	25	64.1
Basic life support	37	55.2	35	66.0	2	16.7	10	50.0	25	64.1
Advanced Life Support	35	52.2	33	62.3	2	16.7	8	40.0	25	64.1
Musculoskeletal	33	49.3	31	58.5	2	16.7	10	50.0	22	56.4
Gastrointestinal Emergencies	31	46.3	28	52.8	2	16.7	10	50.0	19	48.7
Gynaecological and Obstetric Emergencies	30	44.8	28	52.8	2	16.7	11	55.5	17	43.6
Endocrine Emergencies	28	41.8	26	49.1	2	16.7	9	45.0	18	46.2
Legal & Ethical Issues	25	37.3	23	43.4	1	8.3	6	30.0	17	43.6
Pharmacology	24	35.8	23	43.4	1	8.3	6	30.0	17	43.6
Renal Emergencies	23	34.3	22	41.5	1	8.3	7	35.0	15	38.5
Quality and Safety	17	25.4	17	32.1	0	0	5	25.0	11	28.2
Integumentary	17	25.4	15	28.3	2	16.7	4	20.0	13	33.3
Triage	13	19.4	12	22.6	1	8.3	5	25.0	6	15.4

Note. TSPP = Transition to specialty practice program.

allocation of patients with critical illness or injury to TSPP participants. The consensus in the published literature is that TSPPs prepare participants to be 'fit for practice' in the ED, rather than experienced practitioners (Considine and Hood, 2004; Jarman and Newcombe, 2010; Loiseau et al., 2003; Patterson et al., 2010). Patients with critical illness or injury have complex needs which change rapidly so emergency nurses need to understand the evidence underpinning the care of these critically ill patients (College of Emergency Nursing Australasia, 2013). Most TSPPs did not include content on ventilation or other complex conditions. As a result, TSPP participants caring for patients with critical illness or injury will be required to make complex decisions, without the knowledge to support such decisions. The expectation that TSPP participants provide care for patients with critical illness or injury does not consider participant experience levels, and so fails to acknowledge that some participants would have less than twelve months of nursing experience upon TSPP completion. TSPPs that place participants or graduates in situations that they are clinically and educationally unprepared for, increase the risk of poor patient care decisions in unstable patient populations.

The duration of TSPPs varied considerably. In determining the duration of emergency nursing TSPPs, it is important to consider the needs of participants, the TSPP aim, and the clinical end-point of the TSPP. TSPPs of six months' duration were associated with better professional development outcomes than TSPPs of twelve months' duration. Accelerated programs, which deliver a program in a shorter length of time than 'normal' (Davies, 2006; Lee and Horsfall, 2010), have been criticised for 'watering down' content and standards (Weeber, 2011); however, a number of studies comparing accelerated and full length programs conclude that accelerated programs have positive learning outcomes (Anastasi, 2007; Daniel, 2000; Seamon, 2004). Accelerated TSPPs of six months' duration would enable organisations to increase the number of TSPP graduates, and in light of the findings in this study and the literature, an accelerated program of six months duration should be considered for future emergency nursing TSPPs. without increasing the workload for Nurse Educators.

Table 5
Relationship between Transition to Specialty Practice Program characteristics and credit towards postgraduate study.

TSPP characteristic	*χ2*	*df*	*p*	*Effect size*
Duration ($n = 58$)	8.51	2	0.01	0.38[b]
Study days ($n = 59$)	0.009	1	0.93*	0.01[a]
Written assessments ($n = 60$)	14.60	1	<0.001	0.53[a]

Note. TSPP = Transition to Specialty Practice Program.
[a] Phi.
[b] Cramer's V.
* Fishers exact probability test.

In this study, clinical preparation time appeared to be associated with better professional development outcomes. Clinical preparation time has been shown to increase the application of knowledge (Elcock et al., 2007), and improve skills and behaviours (Coomarasamy and Khan, 2004). The emergency nursing TSPP literature showed that clinical preparation time ranged from six weeks (Sweeney, 2010) to three months (Kingsnorth-Hinrichs, 2009; Loiseau et al., 2003; Winslow et al., 2009). One study found that clinical preparation time was a key characteristic that influenced participants in their decision to apply for a position in the emergency nursing TSPP (Morphet et al., 2008).

Despite lack of high level evidence to indicate the optimal duration of clinical preparation time, the literature is clear that clinical preparation time plays an important role in the recruitment, preparation and retention of novice nurses in ED (Alban et al., 1999; Betts, 2003; Considine and Hood, 2004; Glynn & Silva, 2013; Gurney, 2002; Jarman and Newcombe, 2010; Kidd & Sturt, 1995; Kingsnorth-Hinrichs, 2009; Loiseau et al., 2003; Morphet et al., 2008; Patterson et al., 2010; Sweeney, 2010; Truman, 2004; Winslow et al., 2009; Wolf, 2005; Zavotsky, 2000). The clinical preparation time required by each TSPP participant is likely to vary based in their prior nursing experience. The employment of RNs with at least twelve months of post-registration experience is expected to reduce the amount of clinical preparation time required by TSPP participants, and should be considered when applicants are being appointed.

An important feature of TSPPs was the delivery of content to participants. Interestingly, the breadth of content delivered was not affected by the number of study days in the TSPP. TSPPs which had five or six study days, regularly delivered all of the content that was most frequently reported in TSPPs which had seven to fifteen study days, including advanced content such as trauma management and shock. This is an important finding, particularly when considered in the context of scheduling paid study days for participants.

More than one-third of TSPPs in this study were designed to articulate formally to postgraduate study, providing credit for those participants who elected to pursue a higher degree in emergency nursing. This was considered by interviewees to be an important feature of TSPPs, and was perceived to increase the uptake of postgraduate study among TSPP participants. This finding is consistent with the critical care TSPP literature (Cleary et al., 2009). Formal articulation to further study should be a goal of all educational programs (Australian Qualifications Framework Council, 2013).

TSPPs are recognised as preparatory for specialist emergency nurses and this study identified positive outcomes arising from TSPPs. However, there were also significant variations between the TSPPs studied, including participant experience prior to commencement in the TSPP, TSPP duration, the amount of clinical preparation time and study days provided, and articulation to postgraduate study.

4.1. Limitations

Despite a high response rate, Nurse Managers had a relatively low survey completion rate. Survey length is known to reduce completion rate (Dillman, 2000), but there were only 16 questions in the Nurse Manager survey so it is not clear why the completion rate was low. Data from this study was self-reported by Nurse Educators and Nurse Managers. While the survey questions were objective in nature, the interviews may reflect personal beliefs and opinions. This limitation is mitigated by the large sample of 118 EDs.

5. Conclusion

The outcomes of this study have important implications for consistency in the preparation of novice emergency nurses. Emergency nursing TSPPs are common in Australia yet there are variations in many of the characteristics of emergency nursing TSPPs that affect participant outcomes. Currently, there is no evidence to support TSPPs of longer than six months duration so the financial and clinical value of longer TSPPS is questionable. There is an urgent need for a nationally consistent, evidence-based and fiscally responsible approach to Transition to Specialty Practice Programs.

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