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Transitioning from acute to primary health care nursing: an integrative review of the literature

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Transitioning from acute to primary health care nursing: an integrative review of the literature

Abstract

Aims and objectives This paper seeks to explore the transition experiences of acute care nurses entering employment in primary health care settings. **Background** Internationally the provision of care in primary health care settings is increasing. Nurses are moving from acute care settings to meet the growing demand for a primary health care workforce. While there is significant research relating to new graduate transition experiences, little is known about the transition experience from acute care into primary health care employment. **Design** An integrative review, guided by Whittemore and Knafl's (2005) approach, was undertaken. Following a systematic literature search eight studies met the inclusion criteria. Methods Papers which met the study criteria were identified and assessed against the inclusion and exclusion criteria. Papers were then subjected to methodological quality appraisal. Thematic analysis was undertaken to identify key themes within the data. **Results** Eight papers met the selection criteria. All described nurses transitioning to either community or home nursing settings. Three themes were identified: (1) a conceptual understanding of transition, (2) role losses and gains and (3) barriers and enablers. **Conclusion** There is a lack of research specifically exploring the transitioning of acute care nurses to primary health care settings. To better understand this process, and to support the growth of the primary health care workforce there is an urgent need for further well-designed research. **Relevance to clinical practice** There is an increasing demand for the employment of nurses in primary health care settings. To recruit experienced nurses it is logical that many nurses will transition into primary health care from employment in the acute sector. To optimise retention and enhance the transition experience of these nurses it is important to understand the transition experience.

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

TITLE:

Transitioning from acute to primary health care nursing: An integrative review of the literature

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ABSTRACT

Aims and objectives. This paper seeks to explore the transition experiences of acute care nurses entering employment in primary health care settings.

Background. Internationally the provision of care in primary health care settings is increasing. Nurses are moving from acute care settings to meet the growing demand for a primary health care workforce. Whilst there is significant research relating to new graduate transition experiences, little is known about the transition experience from acute care into primary health care employment.

Design.

An integrative review, guided by Whittemore and Knafl's (2002) approach, was undertaken. Following a systematic literature search 8 studies met the inclusion criteria.

Methods.

Papers which met the study criteria were identified and assessed against the inclusion and exclusion criteria. Papers were then subjected to methodological quality appraisal. Thematic analysis was undertaken to identify key themes within the data.

Results. Eight papers met the selection criteria. All described nurses transitioning to either community or home nursing settings. Three themes were identified: (1) a conceptual understanding of transition, (2) role losses and gains, and (3) barriers and enablers.

Conclusion. There is a lack of research specifically exploring the transitioning of acute care nurses to primary health care settings. To better understand this process, and to support the growth of the primary health care workforce there is an urgent need for further well-designed research.

Relevance to clinical practice. There is an increasing demand for the employment of nurses in primary health care settings. To recruit experienced nurses it is logical that many nurses will transition into primary health care from employment in the acute sector. To optimise retention and enhance the transition experience of these nurses it is important to understand the transition experience.

SUMMARY

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

- The international shift towards strengthening primary health care services necessitates an increase in the numbers of nurses in the primary health care workforce. There is a lack of research relating to the experience of nurses who transition from acute care to primary health care employment settings

- Acute care nurses who transition to primary health care describe a range of stressors, experiences and expectations associated with practising in the new context of care. Reducing stress related to transition is an important factor in occupational wellness, staff retention and patient safety.

- Successful transitions are associated with realistic individual expectations, personal characteristics and organisational support.

INTRODUCTION

The health environment in which nurses practise is constantly evolving to meet changing societal needs. This provides ongoing challenges to ensure workers are equipped with the appropriate knowledge and skills to meet these changes. Whilst hospitals continue to focus on the provision of acute healthcare, health systems are undergoing a period of significant reform globally to meet the needs of the ageing population and chronic diseases burden (Smolowitz *et al.* 2015). Over the last decade there has been a corresponding shift and re-design of health care towards the provision of care in primary health care (PHC) settings (IOM 2011, Smolowitz *et al.* 2015), such as in general practices, schools, correctional settings, community health centres and within the home. Aligned with this has been the need to develop a skilled PHC nursing workforce able to provide appropriate care in these settings, including health promotion and assisting people to self-manage existing conditions (MOH 2003, Commonwealth of Australia 2013). This can best be achieved by recruiting new graduate nurses, and by encouraging experienced nurses to move from employment in acute care settings to PHC.

In 2011, a national review of the Australian nursing workforce found that two thirds of registered nurses (first level nurses) and almost half of enrolled nurses (second level nurses) worked in acute settings, with nearly half providing direct patient care in surgical, medical, critical care or emergency settings (HWA 2013). The same report also notes that most nurses commence their careers in hospitals, but as they age they are likely to consider moving to other care settings. Reasons for this include a

desire to work autonomously, practice in less physically demanding roles, and to avoid shift work. These findings are supported by evidence that nurses are increasingly being attracted to take up positions in PHC, with numbers of nurses working in Australian general practices increasing from around 8,000 nationally in 2009 to almost 12,000 in 2012 (AIHW 2013). Similar trends of a growing PHC nursing workforce have also been reported internationally (Zurmehly 2007).

There is a considerable body of knowledge relating to the difficulties experienced by new graduates transitioning to the workplace, however little research has explored the transitioning of nurses from acute care to PHC settings (Rush *et al.* 2013, Missen *et al.* 2014). Yet as more acute care nurses move to employment within PHC, it is timely to explore their transitioning experiences in order to ensure processes are in place to safeguard a sustainable PHC workforce into the future.

BACKGROUND

Understanding the transition process and the impact this may have on the experiences of nurses moving to new work environments has led to the development of transitioning theories to explain the stages of transition (Kramer 1974, Holt 2008, Boychok Duchscher 2009, Clements *et al.* 2012). Theorists claim that when a change occurs, there will be a period of time associated with stress and dislocation as well as the need for additional skills acquisition (Holt 2008). Much of the recent role transition research in the nursing literature focuses on the experiences of new graduates transitioning to the workplace (Clements *et al.* 2012, Clare *et al.* 2003), and builds on Kramer's (1974) sentinel work in which the term 'transition shock' was

first used. Boychok Duchscher's (2009) model identifies the transition process of new graduates as occurring through three phases – doing, being and knowing with each phase being marked by increasing confidence. New graduates commonly experience these phases over a twelve month period.

Role transition amongst experienced nurses has not been widely explored. The applicability of models such as Boychok Duchscher's (2009) to these nurses is not clear, and the literature that is available tends to focus on evaluating educational strategies and transition programs which have been designed to meet local workforce needs and the needs of the transitioning nurses (Little, Ditmer and Bashaw 2013). Other studies focus on nurses transitioning to new areas within acute care settings (Fujino & Nojima 2006, Gohery & Meaney 2013, and Farnell & Dawson 2006). In their interviews with clinical nurses who were rotated to new wards, Fujino and Nojima (2006) were able to identify a range of role stresses including role overload, role ambiguity and role incongruity experienced at differing levels by nurses. A key factor associated with positive transition experiences was a high desire for career development. Gohery and Meaney (2013) used a phenomenological methodology to explore the experiences of nurses moving from hospital wards to intensive care units in Ireland. Their research identified four key themes which included the highs and lows of changing roles, the need for support, the theory – practice gap and fear associated with feeling unprepared and inexperienced in the new area. In another phenomenological study in the United Kingdom, Farnell and Dawson (2006) similarly described themes of support, knowledge and skills, socialisation and culture as factors which have a direct impact on positive or negative transitioning experiences amongst nurses moving into critical

care units. Their study also noted that by making work environments attractive and supportive to transitioning nurses, recruitment and retention cost savings could be made which, in line with findings by Aitken *et al.* (1994), may be associated with increased patient safety.

Internationally, the increased provision of care in PHC settings has led to many nurses transitioning from acute care nursing to PHC. In these new settings, scopes of practice, employment status, and the clinical skills required to function effectively are likely to vary from previous roles (Ellis & Chater 2012). Acute care nursing is usually associated with working rotating shifts in either a public or private facility, usually with an established hierarchy within teams of health professionals and an associated infrastructure of staff support systems. In contrast, many PHC employers have competing priorities, for example general practices operate as small businesses, whilst employers such as schools and prisons are primarily set up for a purpose other than health care. As such, these organisations may have limited access to professional support services for nurses. Nurses in PHC may also work in geographically and/or professionally isolated settings or, for example in prisons and schools, where the range of skills and working environments are significantly different to acute settings (Ellis & Chater 2012).

The proliferation of care provision in PHC settings, and associated increases in nurses moving from acute settings into diverse PHC roles requires a better understanding of how these nurses can be supported during their period of transition. It is important to explore their transitions and identify strategies which could assist in achieving positive experiences, potential cost savings through recruitment and retention strategies and improved patient outcomes. This integrative

review of the literature will attempt to build on existing knowledge by critically examining and evaluating what is currently known about the experiences of acute care nurses who have transitioned to PHC settings, and identify areas for future research.

THE REVIEW

Aims and method

The aim of this integrative review is to critically synthesise primary research findings relating to the transitioning experiences of acute care nurses who move to roles in PHC settings.

Due to the varied and limited literature available, an integrative review design was selected as most appropriate. This method may address new or emerging topics, and allows for mature topics to be re-conceptualised by building on the existing knowledge base (Torraco 2011). It also allows for inclusion of a broad range of evidence, including experimental and non-experimental research (Booth, Papaioannou & Sutton 2012; Whittemore & Knafl 2005).

Search Method

A three phase strategy was adopted which consisted of an initial structured search of the literature followed by a search of references identified in the initial search, and finally hand searching for relevant papers. Data sources included CINAHL, MEDLINE, Pubmed, Scopus, Web of Life, The Cochrane Library, Joanna Briggs

Institute, Google Scholar and Trove databases. Key search terms, relevant synonyms, and use of Boolean operators OR and AND (as appropriate), are identified in Figure 1. The terms relating to PHC roles were selected based on the descriptors provided below.

primary health care; community nurs*; practice nurs*; school nurs*; remote area nurs*; forensic nurs*; prison nurs*; military nurs*; refugee nurs*, office nurs*
AND
transition to practice; role transition; role change, knowledge and skills; transferable skills

FIGURE 1. Search Terms

Papers eligible for inclusion included primary research papers published in the English language from 1997 – 2014, which related to nurses transitioning their employment from acute care workplaces to PHC settings (Table 1). For the purposes of this review, the term '**primary health care settings'** is used in a broad context to encompass any setting that provides frontline health services within the community (Keleher 2001). The term **'acute care settings'** refers to the provision of nursing care within a hospital clinical setting.

Papers were excluded if they referred to student placements or new graduate nurse transitions to PHC practice. These were excluded as students and new graduates are subject to a unique issues related to transitioning to a beginner level practitioner (Table 1).

Inclusion	Exclusion
Paper describes registered nurses transitioning from acute to PHC settings	Studies which describe transition experiences of undergraduate students, new graduates (except where findings were compared with experienced RNs), and studies describing transition between acute settings.
Published between 1997 - 2014	Synthesis of the literature, opinion pieces, editorials
Published in English language	
Published in peer reviewed journals or doctoral theses	
Primary research	

TABLE 1. Study Eligibility Criteria

Search outcome

An initial search identified 442 papers (Figure 2). The vast majority of papers were descriptive in nature, and/or focused on student and new graduate transitions. When these were removed and duplicate papers discarded, 74 papers remained. These were downloaded to Endnote© Version 7 for further analysis. Abstracts of each of these papers were examined, with a further 35 discarded as, on further examination, they did not meet the inclusion criteria. The remaining papers were examined in full text against the inclusion criteria. Of the 39 papers examined, 8 were scrutinised independently by two authors and were found to fit the inclusion criteria (Table 1). A summary of these papers is provided in Table 2.
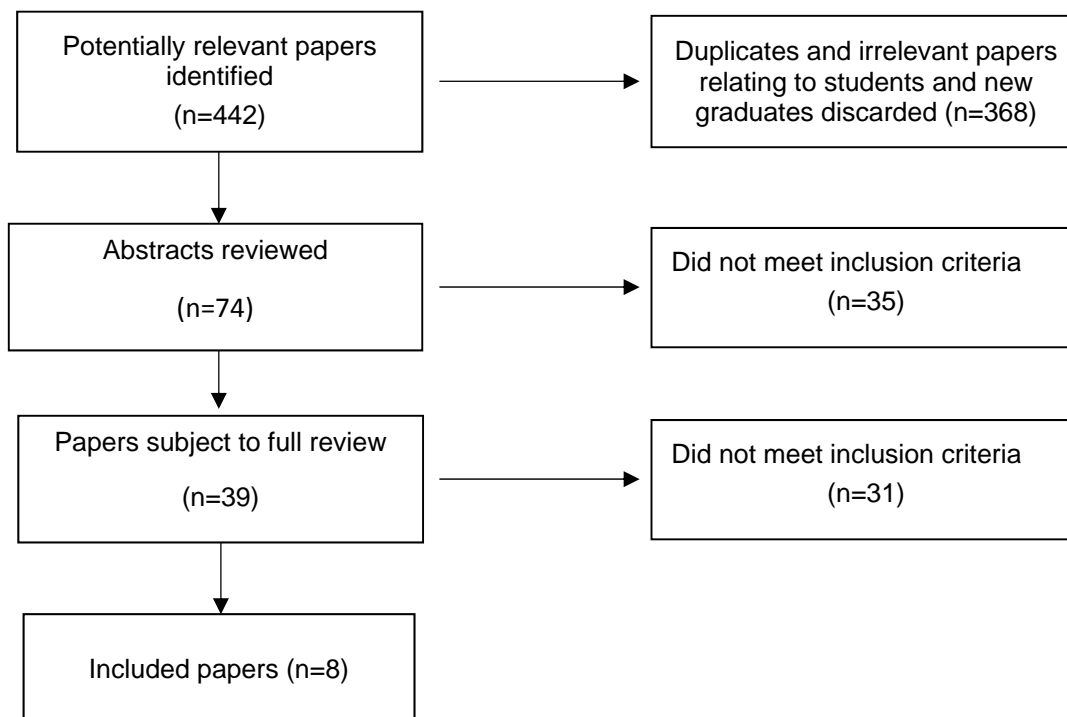
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┌─────────────────────────┐          ┌─────────────────────────┐
│ Potentially relevant    │          │ Duplicates and irrelevant│
│ papers identified       │ ───────▶ │ papers relating to       │
│ (n=442)                 │          │ students and new         │
│                         │          │ graduates discarded      │
└─────────────────────────┘          │ (n=368)                  │
            │                         └─────────────────────────┘
            ▼
┌─────────────────────────┐          ┌─────────────────────────┐
│ Abstracts reviewed      │          │ Did not meet inclusion   │
│                         │ ───────▶ │ criteria                 │
│ (n=74)                  │          │ (n=35)                   │
└─────────────────────────┘          └─────────────────────────┘
            │
            ▼
┌─────────────────────────┐          ┌─────────────────────────┐
│ Papers subject to full  │          │ Did not meet inclusion   │
│ review                  │ ───────▶ │ criteria                 │
│ (n=39)                  │          │ (n=31)                   │
└─────────────────────────┘          └─────────────────────────┘
            │
            ▼
┌─────────────────────────┐
│ Included papers (n=8)   │
│                         │
└─────────────────────────┘
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FIGURE 2. Process of paper selection – Prisma Flow diagram

Quality appraisal

As there was considerable variation in methodologies and analytical processes

across papers, application of a comprehensive quality appraisal process was difficult

(Whittemore & Knafl 2005). Methodological rigour was addressed with the

development of a concept matrix based on the work of Webster and Watson (2002),

and quality appraisal criteria selected using a modified version of the scoring system

developed by Pluye *et al*. (2009). This system allocates a score of 1 for 'present' and

0 for ''not present' using predetermined qualitative and quantitative criteria. The eight

papers were then critically appraised against these criteria.

Whilst Pluye *et al*. (2009) exclude the lowest methodological quality studies, in this

review no studies were removed due to the small number of studies and the

relatively minor methodological flaws noted. Qualitative and quantitative studies were awarded scores based on the presence of a statement relating to the aims and/or objective, descriptions of design or methodology, the context and the sample. In addition, quantitative scores were awarded based on justification of measurements (validity and standards) and details of controls used for confounding variables. The one mixed methods study was also scored according to its justification for utilisation of a mixed methods design, data collection and analysis techniques and details relating to integration.

Four papers scored the maximum of 5, (Adams 1998, Holt 2008, Murray 1998, Zurmehly 2007), three scored 4 (Bryan *et al*. 1997, Pearson 2002, Hartung 2005), and one paper scored 3 (Simpson 2006). The lower score awarded to one paper reflected the limited information provided relating to the design and methodology, and limited description of the data collection and analysis techniques. The remaining seven papers which scored 4 or more were assessed as methodologically rigorous.

Data abstraction and synthesis

Content relating to each of the eight papers was abstracted into a summary table (Table 2) and reviewed independently by two of the researchers. As the number of papers identified was small and type of data diverse, meta-analysis was not appropriate. Findings from the papers were therefore synthesized into core themes.

Table 2. Summary of included papers

Citation	Country	Focus	Method	Sample	Key Findings
Adams (1998)	USA	Transition from acute care to home care settings	Semi structured interviews (thematic analysis)	Pilot - 13 nurses. Main study – 20 nurses employed in a variety of home health care nursing settings	Data findings revealed five categories with related themes: • Autonomy with themes of independence, confidence, competence, being alone or by oneself and being responsible; • Relationship with patient and family with themes of time, continuity of care, extension of family and involvement; • Patient in control with themes of patient teaching and education, setting as the patient's home, acceptance of living conditions; • Home care as work with themes of flexibility, organization, paperwork, traveling and perceptions as a real nurse; • Home care as an industry with themes of restraints, constraints, company changes and absence of nursing in health care policy.
Bryan et al. (1997)	USA	Nurses perceptions of the skills required to practice in PHC settings and transition needs.	Survey - three part 56 item tool	879 nurses working in critical care, medical surgical and oncology units.	• Proficiency in certain skills in acute care settings predicted feelings of proficiency in home care settings. • Top predictors and differentiators of proficiency in non- acute settings were wound care, knowledge of community resources, diabetic education, patient and family advocacy, communication with third party payers and neonatal care.
Hartung (2005)	USA	The process of transition into home health nursing and the factors which influence success in transition.	Mixed methods - survey and semi structured interviews (grounded theory)	14 RNs who had transitioned into home health settings within the previous 6–20 months.	• Nurses proceeded through three phases of transitioning: information marathon, closing the gaps, and crossing the goal line. • No absolute there beginning or end to each phase. The duration of each phase was dependent on individual factors • Author concluded that successful career transition went beyond adaptation to encompass a life change that included perceptual, conceptual, and philosophical changes.
Holt (2008)	UK	How nurses who are engaged in advanced practice adapt to new roles in PHC settings.	Semi structured interviews / focus groups (grounded theory); Observation; content analysis of job descriptions	11 nurses in 3 district nurse centres and 2 community NHS trusts	• Theory of role transition proposed through a model which represents 4 concepts: 1 centring identities; 2. focusing roles; 3. enacting roles; 4 shaping roles. • Model could have relevance to other settings and other health professionals.

Citation	Country	Focus	Method	Sample	Key Findings
Murray (1998)	USA	Nurses' transition experiences; the adaptions required of nurses; the effectiveness of orientation and the value of continuing education.	Semi structured interviews (phenomenology)	25 nurses who transitioned to home nursing in previous 6 months.	• All nurses experienced stress when changing roles. • Need for continuing education programs focused on transitioning nurses was identified. • Recognition that nurses new to PHC settings are novices and will require experience to progress along the continuum to expert. • A need for peer support systems, networking opportunities, additional learning resources. • Need to establish standards for practice and competencies which reflect roles.
Pearson et al. (2002)	Canada	How selected provinces in Canada have prepared acute care nurses for their new roles in community health centres (CHCs).	Semi structured interviews (grounded theory)	11 representatives of key stakeholder groups involved in the strategic planning and implementation of CHCs.	• 5 key themes: Focus of care; stakeholder involvement; transitional strategies; continuing education; organizational support. • The main role differences between acute care and CHC nurses relate to focus of care and skill level. • Such differences necessitate the development of several key organisational and individual strategies to enable successful transition.
Simpson et al. (2006)	Saudi Arabia/ Australia	The use of the Transitional Practise Model, to guide the transition of acute nurses to a community setting.	Focus group Case study	2 experienced acute care nurses transitioning to community nursing.	• Model consisted of 3 components – dimensions, domains of practice and evaluation. • Model was effective at bridging the gap for participants to transition from acute to PHC settings. • Substantial medical/surgical clinical practice assisted in transitioning by providing a grounding to understand different disease processes. • Preceptors provide an understanding of the nature of professional practise through learning opportunities, mentoring and support.

Citation	Country	Focus	Method	Sample	Key Findings
Zurmehly (2007)	USA	To describe existing community nursing practises and to explore factors associated with transition of clinical practice from acute care settings to community care settings.	Semi structured interviews (thematic analysis)	48 community nurses	• 4 key categories identified: Autonomy; client and family; education; community nursing as work. • All participants felt they had transitioned successfully and felt they were making a difference. • All reported that they were unlikely to return to acute care nursing. • Participants reported feeling empowered, autonomous, and independent in their new roles.

RESULTS

Included papers

The eight papers describe experiences of acute care registered nurses transitioning to PHC settings in 5 different countries. The majority of papers were from the USA (n= 5, 62%) with others from the United Kingdom (n=1), Canada (n=1) and a joint paper from Australia and Saudi Arabia (n = 1). Despite the diversity of existing PHC settings, the included papers examined the transition experiences of acute care nurses moving exclusively to 'community health settings' or 'home health care.' The authors were unable to identify any relevant literature which explored transition experiences of nurses into other PHC settings.

The sample sizes of included studies varied from the application of a transition model for two RNs (Simpson *et al*. 2006) to the use of large surveys to review perceptions relating to skills required to transition to PHC (Bryan *et al*. 1997). Most studies used qualitative methodologies (Adams 1998, Murray 1998, Pearson *et al*. 2002, Simpson *et al*. 2006, Zurmehly 2007, Holt 2008), with exceptions being Bryan

et al.'s (1997) quantitative survey and Hartung's (2005) mixed methods study. The qualitative studies used a range of methodological approaches, including; phenomenology (Murray 1998), grounded theory (Pearson 2002, Holt 2008), case study (Simpson *et al.* 2006) and thematic analysis (Adams 1998, Zurmehly, 2007).

Key themes

Three key themes emerged from the literature: (1) a conceptual understanding of transition, (2) role losses and gains, and (3) barriers and enablers.

Theme 1 - A conceptual understanding of transition

Moving from one practice setting to another is experienced by all nurses at various stages in their careers. However, to move from an institutional setting to a community based setting is likely to influence professional identity (Zurmehly 2007). The context of practice has been reported as quite different, and skill sets used in acute care unlikely to be sufficient to meet the needs of the practising PHC nurse (Zurmehly 2007). Whilst none of the papers defined the PHC nursing role, two authors described the specific roles of nurses practising in community or home health settings (Adams 1998, Bryan *et al.* 1997), and emphasised the autonomous or independent nature of PHC nursing practice compared with acute care (Hartung 2005, Adams 1998).

To understand how nurses were able to successfully transition between settings, three studies explored theory and model development (Holt 2008, Hartung 2005, Simpson 2006). Holt (2008) describes how the rapid pace of change within health systems in the United Kingdom has resulted in many nurses and other health

professionals experiencing role, context and cultural changes. Holt (2008) argues that the role transition experience may range from identification of factors relating to a single event through to a series of significant experiences which may have long term professional implications, depending on the nature of the new role and associated responsibilities. His theory proposes a model based on four integrated concepts. The first, 'centring identities', relates to changes associated with old and new roles, self- identity associated with personal factors such as personal attitudes and values and individual social characteristics, and how the individual interacts as part of a new group. The second concept is entitled 'focusing roles' with Holt (2008) describing this as relating to an active process of planning current and anticipated activities to achieve the requirement of the new role. Holt's (2008) third concept 'enacting roles' was described as the dominant theme which emerged in the development of his theory, and related to the practical elements ('the doing and delivering care') of the new role and the capacity of the transitioning nurses to fulfil the role. The fourth concept 'shaping role(s)' identifies the losses and/or expansion of roles associated with the transition. Holt (2008) describes these as having a positive or negative impact on the transition experience, and thereby having the potential to redefine the new role for the transitioning nurse. The author claims that by conceptualising the transition process, individual nurses and employers will benefit by having a better understanding of role transition, and appropriate initiatives can be developed to support nurses in transition

Whilst Hartung's (2005) theory has similarities to the work of Holt (2008), it also explored why nurses decided to transition and how this may impact on the transitioning process. Hartung (2005) draws on comparisons between the different

work environments in acute and community settings, including health care structures, care delivery and economics, and how these factors may impact on the decision of a nurse to undertake a career move. Hartung (2005) also reported on how different personality traits such as flexibility and adaptability affect the transition process. The study identified three phases in the transition process: information marathon, closing the gaps and crossing the goal line. The duration of these phases was not clearly defined with each phase varying according to the ability of the nurse to utilise or access external, internal and joint strategies such as an orientation to the role, access to preceptors, and identification of personal learning needs.

The third study, reported by Simpson *et al.* (2006), described the application of the Transitional Practice Model in assisting two Saudi Arabian nurses to transition from acute nursing to a community setting. This model was developed to provide an educational learning program for transitioning nurses, and incorporated three components: dimensions, domains of practice, and evaluation. The dimensions component, based on Benner's (1984) novice to expert concept, recorded progress across 5 stages as the nurses moved from Stage 1 (novice) to Stage 5 (expert). The domains of practice related to the growth and development of the nurses across the stages, and the evaluation component included the nurses demonstrating their skills through interview, presentation of case studies and undertaking research. The authors claim that the three components were effective in easing the transition process for the nurses. However, as the results were presented in a descriptive format, assessment of the methodological rigour was not possible.

a) *Loss of role familiarity*

Most nurses will enter the workforce being employed in acute care settings and will gain additional skills and expertise over time within the sector (Adams 1998). The work of the acute care nurse is as part of a multidisciplinary team with organisational support available when needed. The work frequently involves shift work, and nursing care is provided based on a medical diagnosis. Adams (1998) notes that there is often little opportunity for nurses to practice autonomously in these settings.

Most nurses who have practised for years in acute settings are unlikely to have received recent formal education or experience in PHC nursing, and graduate nurses are also largely socialised into hospital clinical experiences with limited exposure to community health settings during their undergraduate years (Zurmehly 2007). Transitioning to PHC nursing, therefore, may entail a loss of familiarity of their acute care roles and lack of clinical or educational preparation in PHC nursing. This loss of role familiarity can be particularly stressful when the transition process occurs as a result of organisational restructure rather than by individual choice (Pearson *et al.* 2002).

b) *Transferability of skills*

Bryan *et al.* (1997) reported that nurses from various acute specialities perceived themselves as being proficient in their clinical nursing skills regardless of their work settings. However, participants in several studies were shown to have unrealistic expectations relating to the transferability of their skills (Hartung 2005, Zurmehly 2007). Whilst having appropriate theoretical knowledge and understanding of various diseases and conditions, transitioning nurses were found to be ill prepared, have

limited knowledge about the scope of PHC nursing, and lacked the clinical or communication skills to function autonomously or effectively in the PHC setting (Bryan *et al.* 1997, Hartung 2005, Zurmehly, 2007). Participants also reported feelings of isolation, concerns relating to personal safety, loss of confidence in their ability to make decisions, and a sense of dislocation and confrontation (Adams1998, Hartung 2005).

c) *Gaining autonomy and empowerment, and establishing client relationships*

Whilst the earliest phase of transition is described as being associated with role losses as nurses leave their familiar surroundings in acute care settings, over time a role shift occurs which begins the process of transformation (Adams 1998, Hartung 2005, Zurmehly 2007). Hartung (2005) associates this with the process of gaining knowledge and skills which results in closing the gap between the old and new roles. Zurmehly (2007) and Adams (1998) describe role gains as being related to feelings of empowerment. Examples cited included: the autonomous nature of the PHC role; more control over personal lives with regular working hours replacing shift work; the development of rewarding relationships with clients; being able to integrate a patient education focus into their role, and flexibility to organise workloads to best meet the needs of clients. Adams (1998) also describes how nurses who transition to PHC roles experience a new paradigm with clients 'in control' of their care, both within the context of the nature of care, and the location (ie. the client's home or community) in which the care is provided.

Theme 3 - Barriers and enablers

Barriers or enablers in facilitating positive transitions to new work places which were identified in the studies were: relevant educational preparation; skills development; access to ongoing continuing education, and availability of support systems such as organisational orientation, preceptoring, mentoring, and team support in the workplace.

a) *Formal educational preparation and skills development*

Bryan *et al.* (1997) identified gaps in PHC theory and practice in some undergraduate curricula. They noted that generally curricula and competencies were acute care focused, there was a lack of clinical placements in PHC settings and that curricula needed to incorporate specific aspects of PHC nursing practice. Gaps in PHC knowledge of acute care nurses were specifically noted in Simpson *et al.*'s study (2006) which identified that a sound knowledge base in disease processes led to improved transition experiences.

b) *Importance of support*

Various supportive strategies throughout the transition period were identified as vehicles for assisting nurses moving into new roles. These included workplace and/or organisational orientation which introduce nurses to the philosophy, policies and procedures of the new workplace, provide information about role expectations and competencies, and planned clinical experiences (Murray 1998, Pearson *et al.* 2002, Hartung 2005). Hartung (2005) described how rushed orientations due to staff shortages resulted in nurses feeling overwhelmed and sufficiently stressed to consider quitting.

Availability of preceptors during the first days and weeks of transition, and ongoing mentorship by team members was identified as critical in the integration of information and contextualisation of the new role (Murray 1998, Hartung 2005, Simpson 2006). Trained preceptors were also described as important in ensuring that nurses were not overloaded with complex patients or responsibilities too soon (Murray 1998, Pearson *et al*. 2002, Hartung 2005, Simpson 2006, Zurmehly 2007). Formal mentorship and team support was found to facilitate the process of 'closing the gap' between old roles and new, with Hartung (2005) describing frequent consultations with managers, supervisors and other team members as valuable in assisting in the transition process, and Pearson *et al*. (2002) noting that mentoring was a viable and cost effective tool in preparing nurses for their new roles.

Access to relevant continuing professional development (CPD) was identified as being critical in fostering new role identities by developing the additional skills and knowledge required in PHC settings (Bryan 1997, Adams 1998, Murray 1998, Simpson 2006, Zurmehly 2007). The availability of CPD in PHC settings was noted by Pearson (2002) as also needing to target the context of practice, be self-directed and accessible during work hours, with responsibility shared between organisations and individuals.

DISCUSSION

To meet the growing workforce need for skilled primary health care nurses it is important that nurses are supported to transition into PHC from acute care employment. Despite the importance of the issue and the awareness of the impact

of transitions on nurses in other settings (Rush *et al.* 2013, Missen *et al.* 2014), a limited amount of research focusing on the transition experiences of nurses moving from acute care to PHC was able to be identified in this review.

Despite the systematic search strategy used to identify relevant papers those papers which met the review criteria were drawn from only a few categories of PHC settings. Given the variations in the work environment of the practice settings it is difficult to combine research from across various settings in meaningful comparisons. However, the commonalities of the PHC settings provide a conceptual link that underpins the comparisons. Additionally, the impact of the specific health system in which the research had been undertaken is unclear.

Whilst this review provides a critical synthesis of the available literature, it also highlights the urgent need for more research in this area. The review has found evidence that the conceptualisation of nursing transition between employment in acute and PHC settings shares some common characteristics with new graduate nursing transition experiences (Kramer 1974, Boychuk Duchscher *et al.* 2009). Nurses moving into PHC employment were found to experience a similar range of stresses associated with the dislocation such as lack of confidence and loss of familiarity associated with role and place, and comparable stages of progression to becoming confident and competent PHC practitioners such as those described by Boychuk Duchscher *et al.* (2009) in relation to new graduate nurses experiencing 'transition shock' (p.1105). Boychuk Duchscher *et al.'s* research (2009) identified that new graduates progress at their own pace through the transition stages, with most

being confident professionally, and feeling encultured into the profession by the end of a year of supported practice.

Of concern were Bryan *et al.'s* (1997) finding that there were unrealistic expectations reported by some participants relating to the transferability of acute care skills to PHC nursing, and that generally, transitioning nurses were not adequately prepared for the change in context of practice (Murray 1998, Adams 1998, Hartung 2005, Zermehly 2007). Bryan's findings are supported by Boychuk Duchscher's (2009) work with new graduates which found that study participants were ill-prepared for the change in work relationships, roles, responsibilities and knowledge associated with the move from academia to the work environment. Forbes and Jessup (2004) also noted similar findings amongst experienced registered nurses who move from an area of expertise to a new clinical area, stating that experienced nurses in their study described the apparent dichotomy between the effective provision of clinical care as opposed to being proficient in, and confident to prescribe patient care in a new environment. In contrast, Farnell & Dawson (2006) found that nurses moving from a surgical ward to critical care were aware that they lacked specific skills in caring for critically ill patients, but were still surprised by the level of knowledge and skill required to function effectively in their new roles. These findings are important as nurses seeking to move to PHC settings need to be advised about the likely course of transition, offered support to prepare for the new role, and be provided with appropriate ongoing support as they gain skills and knowledge in PHC nursing.

A limited focus on PHC nursing in some undergraduate programs was identified by Bryan *et al.* (1997). More recently, Betony *et al.* (2013) found that a range of barriers limited the theoretical and practical exposure undergraduate nursing students have to PHC in New Zealand. Barriers included variable understanding of the PHC model, a lack of clarity about a team's role in PHC delivery, and difficulties in sourcing clinical placements. Yet the value of incorporating theoretical and practical components of PHC into undergraduate nursing programs has been found by Bennett *et al.* (2013) as having positive impacts on the development of skills, knowledge, attitudes and confidence. In Bennett *et al.'s* (2013) cohort, students undertook an intensive structured learning program complimented by well-designed clinical experiences in rural and remote settings in Australia. Given the current health context and the shortage of experienced nurses in PHC, these findings warrant further investigation.

An important aspect which was identified in this review was the satisfaction that PHC nurses expressed about their roles over time (Hartung 2005, Zurmehly 2007). Whilst conceptual (Holt 2008) and emotional adjustments (Murray 1998, Pearson *et al.* 2002) were required when transitioning, the studies identified increased autonomy, empowerment and rewarding multi-level holistic interactions with clients, families and communities. Promotion of these positive aspects of nursing in PHC settings may encourage nurses to consider moving to PHC and assist in meeting future workforce needs. Whilst this review was unable to identify any reliable evidence demonstrating a correlation between successful nursing transitions to PHC and the impact on organisational costs and health outcomes, there is evidence from acute care nursing literature that positive work environments, such as those evidenced in Magnet®

hospitals, may contribute to cost savings and improved patient safety (Aitken 1994, Farnell *et al.* 2006, Ali *et al.* 2011). Robust data from PHC studies is required in order to explore these potential correlations, and to inform PHC workforce re-design internationally.

CONCLUSION

This integrative review of the literature has explored the transitioning experiences of nurses moving from acute to PHC employment. The review has highlighted the challenges faced by transitioning nurses at both personal and professional levels. It also identified that, despite the growing demand for nurses in PHC settings, there has been limited attention paid to the transitioning of nurses into this setting from acute care employment. Further research is urgently required to explore transition into PHC. Such work will inform organisational policy development as well as clinical and academic support programs in facilitating optimal transition experiences and enhance the recruitment and retention of nurses in PHC settings.

RELEVANCE TO CLINICAL PRACTICE

There is an increasing demand for the employment of nurses in primary health care settings. To recruit experienced nurses it is logical that many nurses will transition into primary health care from employment in the acute sector. In order to optimise retention and enhance the transition experience of these nurses it is important for

clinical nurses, managers and policy makers fully understand the transition experience.

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