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Experiences of registered nurses in a general practice-based new graduate program: A qualitative study

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Experiences of registered nurses in a general practice-based new graduate program: A qualitative study

Abstract

Nurses are increasingly needed in primary healthcare settings to support community-based healthcare delivery. Programs to facilitate transition of new graduate nurses are well established in acute care however, there are few similar programs reported in settings like general practice. This paper sought to explore the experiences of new graduate registered nurses and their registered nurse mentors in a new graduate program within Australian general practice. New graduates (n = 9) and their mentors participated in interviews before, during and at the conclusion of a 12-month new graduate program. Interviews were digitally audio-recorded and professionally transcribed verbatim before being analysed using thematic analysis. Eighteen new graduate and 10 mentor interviews were conducted, revealing four themes. Preparation and Opportunities describes the influence that pre-registration education had on preparing nurses for general practice employment. Exceeding Expectations highlights the positive experiences within the program. Program Challenges draws attention to the difficulties experienced by participants, and Future Career Intentions explores future career plans. This study highlights that a general practice new graduate nurse program has the potential to build the workforce. However, strengthening undergraduate preparation of nurses around primary health care and addressing funding issues in general practice, are important to promote the success of such programs.

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THE EXPERIENCES OF REGISTERED NURSES IN A GENERAL PRACTICE BASED NEW GRADUATE PROGRAM: A QUALITATIVE STUDY

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1 **Abstract**

2
3 Nurses are increasingly needed in primary health care settings to support community
4 based healthcare delivery. Programs to facilitate transition of new graduate nurses are
5 well established in acute care, however, there are few similar programs reported in
6 settings like general practice. This paper sought to explore the experiences of new
7 graduate registered nurses and their registered nurse mentors in a new graduate
8 program within Australian general practice. New graduates (n=9) and their mentors
9 participated in interviews before, during and at the conclusion of a 12-month new
10 graduate program. Interviews were audio-recorded and transcribed verbatim before
11 being analyzed using thematic analysis. Eighteen new graduate and 10 mentor
12 interviews were conducted, revealing four themes. *Preparation and Opportunities*
13 describes the influence that pre-registration education had on preparing nurses for
14 general practice employment. *Exceeding Expectations* highlights the positive
15 experiences within the program. *Program Challenges* draws attention to the difficulties
16 experienced by participants, and *Future Career Intentions* explores future career plans.
17 This study highlights that a general practice new graduate nurse program has the
18 potential to build the workforce. However, strengthening undergraduate preparation of
19 nurses around PHC and addressing funding issues in general practice, are important
20 to promote the success of such programs.

21

22

23 **Keywords**

24

25 Nursing, primary care, new graduate, qualitative, transition, workforce, education, clinical
26 practice

27

1 **Summary Statement**

2 What is known about the topic?

- 3 • New graduate nurses need support as they transition into clinical practice to ensure
4 that they deliver safe and effective nursing care.

5 What does this paper add?

- 6 • This paper presents nurse's experiences of participating in a new graduate
7 transition program in general practice, highlighting both the benefits and the
8 challenges, as well as its impact on their career choices. Understanding these
9 issues will inform the development of sustainable and robust programs to support
10 transition of future new graduates into this setting.

1 **Introduction**

2

3 Globally, there is a strategic shift in health systems towards the provision of primary
4 health care (PHC) to manage the complexities of an ageing population and the
5 increasing burden of chronic diseases (World Health Organization, 2008). Associated
6 with this has been the introduction of health workforce models encompassing
7 multidisciplinary, team based approaches to meet the needs of local communities
8 (McInnes 2015). Internationally, PHC nurses comprise a significant non-physician
9 workforce providing care within general practices (Freund *et al.* 2015). In Australia,
10 these practices are predominately small businesses owned and operated by groups of
11 general practitioners with support from nurses, allied health professionals and
12 administrative staff (Australian Government Department of Health, 2015a). Nurses are
13 increasingly playing an important role in general practice providing a range of services
14 including health promotion, wound care, specialist clinics and chronic disease
15 management (Freund *et al.* 2015; Australian Primary Care Nurses Association 2019). In
16 2015, Primary Health Networks (PHN) were established by the Australian Government
17 to work with general practices to improve coordination and integration of PHC across
18 local communities, and to address service gaps (Australian Government Department of
19 Health, 2015b).

20 Recruiting and retaining a skilled nursing workforce is essential to ensure the
21 sustainability of a robust PHC system (Australian Government Department of Health,
22 2013). While general practice nursing has long been a feature of UK and New Zealand
23 primary care, the size of the Australian PHC nursing workforce has increased
24 exponentially in order to meet growing demand (Halcomb *et al.* 2016). More than
25 14,000 nurses now identify as working in general practice, compared to fewer than
26 2,500 nurses a decade ago (Australian Primary Care Nurses Association 2019). As
27 PHC continues to grow, attention has been given to developing workforce strategies
28 that will ensure sufficient nurses with the right skills are available into the future. This
29 has included enhancing the PHC content in the undergraduate nursing curricula (Ali *et*
30 *al.* 2011; Keleher *et al.* 2010)(Authors own), and offering clinical placements in PHC for
31 pre-registration nurses to experience working in the sector (Bloomfield *et al.* 2018;
32 McInnes *et al.* 2015a, 2015b; Phafoli *et al.* (2018).

1 Until recently, recruitment and retention strategies have largely focused on employing
2 registered nurses from the acute care sector (Ashley *et al.* 2016). However, there have
3 been some PHC new graduate (NG) transition programs developed, such as those
4 offered in New Zealand (Gibbs 2010; Pearson and Holloway 2006) and more recently
5 in Australia (Aggar *et al.* 2017; Thomas *et al.* 2018), with the aim to attract new
6 graduates directly into PHC employment.

7 Transitioning to employment is known to be challenging for new graduate nurses
8 (Boychuk Duchscher and Cowin, 2006), who traditionally commence their careers in
9 acute care settings (Rush *et al.* 2015). Much of the transition literature, therefore,
10 focuses on the experiences of neophyte nurses in hospital settings (Rush *et al.* 2015).
11 Common concerns reported by these new nurses include: time management;
12 competing demands; lack of support and feedback; lack of confidence, and emotional
13 reactions (Henderson *et al.* 2015; Walton *et al.* 2018). Poor transition experiences are
14 reported to impact negatively on job satisfaction and retention rates (Ashley *et al.* 2018;
15 Parker *et al.* 2010).

16 Unique challenges have been associated with experienced nurses transitioning from
17 acute to PHC roles (Ashley *et al.* 2016; Holt 2008). These include: role ambiguity;
18 changes in scopes of practice; adapting to working in small business environments, and
19 difficulties accessing professional learning (Halcomb *et al.* 2009). In consideration of
20 these challenges, the development of new graduate transition programs in PHC
21 settings require establishment of partnerships across small businesses, suitable
22 learning environments, professional support, and opportunities to maximise exposure to
23 a range of clinical conditions.

24 Australia's first pilot graduate program, reported by Aggar *et al.* (2017) and Thomas
25 *et al.* (2018), demonstrates that general practice settings provide a suitable
26 environment for new graduates to develop competence, and that additional positive
27 outcomes resulted from the experiences of the new graduate's preceptors. The
28 qualitative study reported in this paper sought to more deeply investigate the
29 experiences of a larger cohort of new graduate registered nurses and their registered
30 nurse mentors longitudinally across a yearlong new graduate program conducted
31 between February 2017 and February 2018 within Australian general practice.

1 **Methods**

2

3 *Design*

4 This study adopted a longitudinal qualitative descriptive approach to capture a full range
5 of the participant's views, thoughts and experiences. As described by Sandelowski
6 (2000), qualitative description offers a comprehensive summary of the phenomenon
7 under investigation by interpreting and presenting participant experiences as they occur.
8 Descriptive validity is achieved through the accurate recounting of events and
9 presenting rich descriptions embedded within a sociocultural context (Sandelowski
10 2000; Magilvy and Thomas 2009).

11 *Program overview*

12

13 This program was externally funded and conducted within a single Primary Health
14 Network (PHN) in Sydney, Australia. The PHN in this study services seven local
15 government areas and has a catchment population of 922,896 and a geographic area
16 spanning 6,243sq km (South Western Sydney PHN 2019). Staff employed by the PHN
17 administered the program, delivered the education materials and provided clinical
18 support to the new graduates and mentors. The program included an introductory
19 education day, two-week paid supernumerary period at the start of each rotation, a two-
20 day 'orientation to general practice' workshop and four education days for each new
21 graduate. Two six-month employment contracts were offered to each new graduate,
22 with the aim of providing two rotations across different practice environments. Three
23 weeks of annual leave were included in the program. There was no guarantee of
24 ongoing employment at the completion of the program. Mentors were registered nurses
25 working in general practice and were provided with a 2.5-hour workshop on mentoring
26 at the commencement of the program. Mentors were also invited to attend the
27 education days with the new graduate.

28

29 *Setting and participants*

30

31 All general practices within the PHN were advised about the program, with a view to

1 contract up to 10 general practices. To be eligible, practices were required to have an
2 experienced RN on staff who was willing to act as a mentor and offer two six-month
3 contracts for a new graduate nurse.

4 New graduate nurse participants in this study graduated from three different Higher
5 Education Institutions (HEIs) located in New South Wales, Australia. New Graduates
6 were selected based on formal job applications submitted to an external provider for a
7 new graduate position in general practice. An interview process ranked candidates
8 and offers were made sequentially.

9

10 *Data collection*

11

12 An interview schedule was developed by experts in qualitative methods and general
13 practice research. Interviews were conducted before program commencement, at the
14 program mid-point (6 months) and on completion (12 months). New graduates and their
15 mentors were contacted about participating in the interviews at each time point. Where
16 new graduate nurses left the program, attempts were made by the research team to
17 conduct follow-up interviews to identify reasons for exiting the program.

18 Interviews were undertaken via telephone at a mutually convenient time using a semi-
19 structured interview schedule. Each interview schedule was designed for a particular
20 time point. Items sought to explore the participants' current experiences and thoughts,
21 using sample questions presented in Table 1;

22

23 Table 1: sample of new graduate and mentor interview schedule

24

New Graduate

Interview 1: Pre commencement

1. Can you tell me about why you applied for a new graduate position in general practice?
2. What is your understanding about the role of nurses in general practice?
3. Do you feel prepared to work in a primary care setting? Why / Why not?
4. What do you think might be your biggest challenge in being a new graduate in general practice?

Interview 2: Six months

5. How would you describe your experience? What happened to make you feel this way?

6. How does the experience that you have had compare to your expectations?
 7. How did your General Practice assist you in the transition to graduate practice?
- Interview 3: Twelve months*
8. How did the experience of your second rotation compare to your first rotation?
 9. Now that you have completed the program what do you think about continued employment in general practice nursing?
 10. What would you say to a new grad who was contemplating applying for a new grad program in general practice next year?

Mentor

Interview 1: Pre commencement

1. What prompted you to become a new graduate mentor?
2. Have you had any past experience in working with new graduates in general practice?
3. What do you think are going to be the biggest challenges for new graduates working in the general practice setting?
4. Do you think that the new graduates will be prepared for general practice work in terms of clinical skills and knowledge?

Interview 2: Six months

5. How does the experience that you have had compare to your expectations?
6. How did your general practice assist you in supporting the new graduate?
7. What lessons have you learnt from this experience to inform others in future mentoring of new graduates?

Interview 3: Twelve months

8. Now that you have completed the program what do you think about providing a new graduate program for nurses in general practice?
9. What would you say to a new graduate who was contemplating applying for a program next year?
10. What would you say to a mentor who was contemplating applying for a program next year?

1

2 Prompts such as “Can you tell me more about” Or “What do you mean when you
3 say.....” were used to encourage participants to expand on their responses.

4 Interviews were digitally audio-recorded before being transcribed verbatim by a
5 professional transcription service.

6

7 *Data analysis*

8

9 Transcripts were analysed using a process of thematic analysis (Braun & Clarke, 2006).

10 The research team comprised three registered nurse academics with experience in

1 qualitative and primary health care research. A fourth team member had extensive
2 experience in supporting nurses entering primary health care employment. Two
3 members of the research team conducted interviews. All team members read the
4 transcripts separately to identify repeated content and patterns. Team members jointly
5 discussed themes and identified examples of each from participants' quotations. Once
6 developed, each theme was further reviewed and confirmed as credible by the team.

7 8 *Ethical Considerations*

9
10 Approval to conduct this study was received from the Human Research Ethics
11 Committee of the University of XXX. Interviewers were independent of PHN staff and
12 were conducted individually at a mutually agreeable time. Participation in each interview
13 was voluntary and participation did not influence new graduate progression in the
14 program or the professional position of mentors. All personal or potentially identifying
15 information was removed from transcripts and pseudonyms were given to protect
16 identification of individuals. Transcripts and audio were stored on a password encrypted
17 computer located on the university premises.

18 19 **Results**

20 21 *Participants*

22
23 Nine new graduates commenced the program, supported by nine registered nurse
24 mentors. Four (44.4%) new graduates completed the 12-month program. Eight (89%)
25 new graduates participated in pre-commencement interviews, six interviews (67%) were
26 undertaken at the end of the first rotation and 4 (44%) were conducted at the conclusion
27 of the program. Interviews with new graduates lasted between 18 and 54 minutes
28 (average 30 minutes). Ten mentor interviews were completed, seven (78%) being
29 undertaken at the commencement of the program, two (22%) at the end of the first
30 rotation, and one (11%) at the program completion. The average duration of mentor
31 interviews was 14 minutes. Mentors reported heavy workloads and staff shortages as

1 barriers to their participation and expanded responses in these interviews.

2

3 *Themes*

4

5 Four themes emerged from the data. *Preparation and Opportunities* describes the
6 influence that tertiary education and undergraduate clinical placements in general
7 practice had on preparing nurses for work in general practice. *Exceeding Expectations*
8 offers insight into the positive experiences of the new graduate and mentor participants.
9 *Program Challenges* highlights difficulties experienced by participants, and *Future*
10 *Career Intentions* explores how the program influenced participants' future career plans.

11

12 a) *Preparation and Opportunities*

13

14 New graduate participants articulated that they had limited understanding of general
15 practice nursing or the role they would be required to perform at the commencement of
16 the program.

17 "I mean, I did a bit of a Google search and that helped me (NG: Holly)".

18

19 "I didn't know these positions existed and I fell across it on the internet
20 (NG: Cathy)".

21 "I found out about the program and then I researched into what stuff I
22 would be doing (NG: Leanne)".

23 New graduates revealed that undergraduate education largely prepared them for acute
24 care employment. Indeed, few participants had experienced a PHC placement during
25 their undergraduate education.

26 "Uni very much just talks about the hospital system, the hospital system,
27 the hospital system; or mental health (NG: Holly)".

28 "the focus [at uni] is on mostly hospital and high acuity care. That's the
29 things they dwell on because they expect all the new grad nurses to go
30 and start at the hospital. No-one really thinks about them starting in

1 general practice (NG: David)".

2 Having little exposure to PHC during their pre-registration education limited the new
3 graduate participants' understanding of potential career pathways and workplace
4 opportunities away from traditional acute care settings.

5 "You come to uni and you do all this study and they keep putting you in
6 placements in hospitals and they say to you, you'll be a nurse, you're
7 going to work shift work, you're going to get really tired, you're going to be
8 a hero without a cape. This is what nurses do. You've got to work in a
9 hospital for 12 months and then decide what it is you want to do after that.
10 I never ever expected that I could walk straight into primary health (NG:
11 Cathy)".

12 However, for those who had experienced an undergraduate clinical placement in
13 primary care, this experience encouraged their desire to work in this setting.

14 "I was really interested in primary care and it wasn't until I guess my last
15 placement [at uni] where I had a chance to work in semi-community clinic
16 type setting and I really loved it. Yeah that's why I applied for this (NG:
17 Aimee)".

18 It was evident that some new graduate participants were concerned that they might
19 appear incompetent and be seen to be lacking the clinical skills to work in primary care.

20 "Let's be honest, I haven't independently changed a wound dressing.
21 At my uni, I did it on a dummy (NG: Cathy)".

22 "I was quite nervous when I first started, I didn't know what I was going
23 to do (NG: David)".

24 Pre-commencement interviews also exposed anxieties about having insufficient
25 support. Concern about being accepted into small teams and workplace culture also
26 generated anxieties among new graduate participants.

27 "We've always had placements at hospitals and gone to different wards.
28 We adapt the team to understand the work environment, but there's a lot
29 of people in a ward and you can depend on a few different RNs to help

1 you out here and there. In a medical practice there's fewer team
2 members so I just really hope that they like me and I can adapt into their
3 work culture and do my best (NG: David)".

4 RN mentors also described having little understanding of a new graduate's skills or
5 understanding of contemporary nurse education.

6 "For me as a preceptor with a new grad I'm like well, how much do they
7 know, what did they learn at uni? Did they learn the same as I learnt?
8 (M: Sharon)".

9 Additionally, general practices often lacked policies and resources to support new
10 graduate nurses:

11 "We [GPNs] would explain to her [NG] and say look, you are the first one
12 in here, so we don't know what to do but we're going to try to set up some
13 guides or try to set up a plan and then we can work on that (M: Sharon)".

14

15 *b) Exceeding Expectations*

16

17 As they progressed through the program, new graduate participants reflected on their
18 skill development and the stigma often associated with nursing in general practice.

19 "The way that general practice is often viewed is not in a positive light. It's
20 like the place that nurses go to die or to end their careers. In terms of
21 career progression, there's not really super huge amounts of information
22 out there of how you can proceed, but I feel like as soon as I started, I
23 definitely didn't feel that way at all. I felt like I was able to actually use my
24 skills and my knowledge (NG: Holly)".

25 "It exceeded my expectations ... (NG: Jess)".

26

27 Diverse patient presentations requiring a range of skills for patients across the lifespan
28 were articulated as positive elements of working in the general practice setting.

29 "They say on ward nursing you see something different every day, but I
30 actually saw something diversely different every single day. It was

1 fantastic (NG: David)”.

2 Workplace culture and acceptance into the team were seen as crucial in optimising the
3 new graduates experience in general practice. Mentors recognised this and from the
4 outset sought to make the experience meaningful.

5 “I think my main role in this program would be to make sure that I let the
6 new grad have an enjoyable experience, to be honest, because this is
7 your first point of call, really, to the real world of nursing whether it be
8 going back into the hospital system or staying in general practice,
9 wherever it might be. This is it, this is going to stick with them for their
10 whole career (M: Sharon)”.

11 New graduate participants confirmed that support from mentors and practices was key
12 to a positive experience of the program and provided new graduates with the
13 confidence to work autonomously.

14 “I absolutely loved it. I was fortunate to have the most fantastic mentor.
15 She was an absolute inspiration. That really increased my passion in
16 general practice. It was wonderful to have that support. Also, she gave
17 me the independence as well to practise on my own (NG: Karen)”.

18 “I think I had more respect and just the assistance and encouragement
19 that I got from the GP [general practitioner]. Yeah, definitely. I didn't
20 expect him or any of them to be so proactive in wanting to teach me
21 either (NG: Cathy)”.

22 One of the more rewarding aspects of the program was that several new graduates felt
23 they had developed the skills and confidence to initiate new health programs. The
24 following excerpts illuminate the depth of their skill development and ways that new
25 graduate participants developed business plans to change practices.

26 “I've put systems in place for spirometry that they [mentors] didn't know
27 about. I've shown them how to, or where to source information and how
28 to educate patients on the correct use of devices (NG: Cathy)”.

29 “We got rid of the steriliser machine finally because one of the doctors

1 there was still using old IUD equipment that was re-sterilised; I made an
2 excel spreadsheet about just numbers about how much it would cost to
3 maintain versus just buying disposable and then they agreed to get rid of
4 the machine (NG: David)".

5 Mentors also expressed how their involvement in the program had exceeded their
6 expectations, providing them and the workplace with opportunities to learn from the new
7 graduates.

8 "it's quite a pleasant experience. I shared my experience..[and] got new
9 ideas from the students coming in (M: Sharon)."

10 "they come all nice and fresh and have great new ideas and things, so
11 that is a bonus (M: Sarah)".

12 "it was a positive experience. I didn't have any negative situations. It's
13 good for the practice, for me, for the patients, everything like that (M:
14 Fran)".

15

16 *c) Program Challenges*

17

18 Challenges associated with the program were identified by both the mentors
19 and new graduates. For some mentors, the program provided their first
20 mentoring experience, and not all were enthusiastic participants or given a
21 choice about their involvement.

22 "I didn't actually request to be one [a mentor], my boss just told me that
23 we were getting a new grad nurse and that was it (M: Sarah)".

24 A further challenge related to the GPs' lack of understanding about the new graduate
25 scope of practice. Despite program information about new graduate competencies
26 being provided to the practices, participants reported that they were often expected to
27 undertake clinical tasks which they did not feel competent to perform, such as
28 immunisations, ear syringing, complex dressings and blood collection.

29 "one of the doctors..[says] oh you do cannulas; how come you can't just take

1 bloods? I'm like, well I haven't finished my course. I can put in cannulas but I
2 have to finish the course [before] I'm legally allowed to take bloods from patients
3 (NG: David)".

4 Narratives also suggested that the volume of work and patient acuity within the
5 individual practice likely impacted on the placement experience.

6 "it [this rotation] definitely is not as satisfying as my first placement ..
7 because this one had fewer doctors. There's only three. Most of the
8 patients were [quite] elderly, but they're coming for routine things like
9 scripts and things like that (NG: David)".

10

11 *d) Future Career Intentions*

12

13 When reflecting on their experience in the program, new graduate participants
14 expressed satisfaction with the program and the support it provided to facilitate
15 their nursing careers.

16 "I'm very grateful for those skills because I think I'm better today - better
17 where I work now because of those skills. I wouldn't trade that for
18 anything else (NG: Peter)".

19 While only half of the new graduates completed the program, those who left early did so
20 to secure permanent ongoing employment either in the general practice or in the acute
21 sector rather than remaining on the temporary contract provided through the program.
22 For those who remained within the program there was a strong desire to continue
23 working in general practice.

24 "I do want to stay in general practice....I absolutely loved it (NG: Karen)".

25 A major complexity of continuing employment in general practice related to
26 remuneration, and the gap between acute and general practice salaries and conditions.
27 The private nature of general practice exposed new graduates to the need to negotiate
28 their wages and conditions.

29 "my main challenge is because I'm going to stay here a bit longer, I want

1 to ask for a pay rise, but I have no idea how to do that because the pay is
2 like - it's not that great (NG: David)".

3 "the only reason I'd want to be in a hospital is to make more money (NG:
4 Cathy)".

5

6 **Discussion**

7

8 The findings of this study support previous research that general practice employment
9 offers an attractive career option for new graduate nurses (McInnes *et al.* 2015; Peters
10 *et al.* 2015; Aggar *et al.* 2017; Thomas *et al.* 2018). While some participants indicated
11 an intention to gain future acute care employment, they did not feel that a primary care
12 transition program was a barrier to this. Indeed, most new graduate participants felt that
13 they had developed a broad scope of skills in general practice. This contrasts with
14 findings by Thomas *et al.* (2018) who suggest that an acute-care hospital transition
15 program to professional practice was necessary to gain adequate nursing skills, even if
16 the nurse intended to have a future career in primary health care.

17 This study identified a lack of preparation and understanding about general practice
18 nursing in undergraduate programs, supporting other reports that undergraduate
19 nursing education focuses on acute care nursing (Ali *et al.* 2011; Ashley *et al.* 2017;
20 McInnes *et al.* 2015a)(Bloomfield *et al.* 2018)(Authors own). To ensure a viable
21 primary health care nursing workforce to meet future projected health care needs,
22 tertiary institutions need to promote the opportunities for employment in primary health
23 care nursing and ensure that graduates have the knowledge, skills and confidence to
24 practice in diverse clinical settings.

25 New graduate participants emphasised the value they placed on the support provided
26 by their mentors and builds on previous research relating to mentoring in diverse new
27 graduate workplaces (Ashley *et al.* 2018; Dadiz & Guillet, 2015; McInnes *et al.* 2015b;
28 Tracey and McGowan 2015)(Aggar *et al.* 2017; Bloomfield *et al.* 2018). Studies into
29 mentoring in acute care settings support findings from this study that mentors must be
30 involved in establishing expectations for the mentee, and are provided with support to
31 mentor effectively (Kalischuk *et al.* 2013; Staykova *et al.* 2013). This includes regular

1 liaison with course conveners, formal peer support, and protected time to discuss and
2 complete relevant documentation and reports. As noted in this study, without such
3 support, disengagement from the role is likely to occur (Kalischuk *et al.* 2013). While
4 barriers exist around providing time and funding for nurse mentors employed in
5 general practice to engage in such work there is strong evidence for the value in
6 adopting a collaborative approach to mentoring (Richards and Bowles 2012).

7 Several participants spoke about the negative perceptions of nursing in general
8 practice. This resonates with previous literature that has described nursing in general
9 practice as a 'pre-retirement option' or place for a rest from acute nursing (Ashley,
10 Peters, *et al.* 2018; Thomas *et al.* 2018). Perceptions held by nurses, academics and
11 others around the general practice nurse role and career pathways in primary health
12 care need urgent attention to promote this as a viable career opportunity for nurses
13 at any stage of their career (Ali *et al.* 2011; Ashley *et al.* 2018)(Thomas *et al.* 2018).

14 Remuneration was a further consideration impacting on future career intentions of
15 new graduates in this study. The pay and conditions of nurses employed in
16 Australian general practice have previously been demonstrated to be inferior to their
17 acute care counterparts (Ashley, Halcomb, *et al.* 2018; McInnes *et al.* 2017; McInnes
18 *et al.* 2015b)(Bloomfield *et al.* 2018). Policy makers, nursing organisations and
19 general practices need to explore options for structural change to better support new
20 graduates by providing secure, adequately remunerated employment.

21 *Limitations*

22
23 This study reports the experience of a small number of new graduate nurses and RN
24 mentors participating in a transition to practice program within general practices across
25 a single PHN. While generalizability of the data is strengthened by these participants
26 graduating from three different HEIs, findings from this small cohort may not be
27 transferable to other jurisdictions or countries. Additionally, while multiple attempts
28 were made to contact all participants at each time point, not all participants engaged in
29 the complete series of interviews. However, given that qualitative description allows for
30 small sample size (Magilvy and Thomas 2009), the research team are confident that
31 the data reflects the views, thoughts and experiences of participating new graduate

1 registered nurses and their registered nurse mentors.

2

3 **Conclusion**

4

5 This study reveals that a new graduate program in general practice can provide a
6 means to address shortages in the GPN workforce. Greater attention to the preparation
7 of new graduate nurses for employment in primary health care settings can assist in
8 developing new graduates who are work ready and able to meet workforce demands.
9 Additionally, strategies that link experienced nurses with Schools of Nursing can assist
10 in ensuring the clinical currency of programs, the engagement of experienced nurses
11 with contemporary education and the development of mentor skills. Exploring strategies
12 for the funding and employment of new graduate nurses in PHC transition programs in
13 small business environments, has the potential to enhance recruitment and retention of
14 graduates.

15

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17

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21

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