

## **SUBMISSION BY THE AUSTRALIAN NURSE TEACHERS' SOCIETY (ANTS)**

### **REVIEW OF NURSING EDUCATION: EDUCATING THE NURSE OF THE FUTURE**

#### **About us**

The Australian Nurse Teachers' Society (ANTS) is a well-established national organisation that represents nurse educators in Australia. The Society encompasses both nursing and midwifery with membership including clinicians, specialists, managers and academics who have an interest in education. We currently have around 400 financial members across all states and territories of Australia, involved in the education of registered and enrolled nurses. We also host a national nurse education conference every two years.

#### **Terms of Reference**

- The effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery
- Factors that affect the choice of nursing as an occupation, including for men
- The role and appropriateness of transition to practice programs however named.
- The competitiveness and attractiveness of Australian nursing qualifications across international contexts

#### **To consider:**

- the respective roles of the education and health sectors in the education of the nursing workforce

#### **To make recommendations on:**

- educational preparation required for nurses to meet future health, aged care and disability needs of the Australian community including clinical training
- processes for articulation between different levels of nursing
- mechanisms for both attracting people to a career in nursing (both male and female) and encouraging diversity more broadly

#### **To have regard to:**

- regional needs and circumstances
- national and international trends, research, policies, inquiries and reviews related to nursing education

#### **Our Response**

For the purpose of this submission the term nurse educator will be used to cover the variety of roles in which a staff member provides educational support for nurses (undergraduate, registered, enrolled, and post-graduate) only, as the terminology varies across Australia.

***The effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery***

***Background***

Firstly, the roles of ENs, RNs and NPs are quite different, and this must be considered by the review panel. The educational preparation of all nurses follows peer review and strict guidelines through accreditation by the Nursing and Midwifery Board of Australia (NMBA) in collaboration with the Australian Health Practitioner Regulation Agency (AHPRA). For registration in Australia it requires successfully completing an approved course that includes clinical placements in health facilities. It is the placement experiences that allow students to apply what they have learnt in theory and practical classes. AHPRA requirements include a minimum of 800 clinical practicum hours for RN eligibility and a minimum 400 hours for EN eligibility.

When the students graduate, they may or may not undertake a graduate program that usually does not exceed 12 months in length. These programs are mostly available for the new Registered Nurse with very limited programs available for the new Enrolled Nurse. The program model is usually based on a contract with no guarantee of employment on program completion. Nurse educators (the name varies between states) support new graduates (Transition Nurses) during this process, usually in addition to other staff support roles.

A major focus of this submission is on the Registered Nurse Transition Programs, as they are widely available across Australia and include a diversity of employment opportunities. The Australian Nurse Teachers' Society (ANTS), as a national organisation promoting nurse educators, also places emphasis on the importance of a Transition Program model being available across Australia for the newly graduated Enrolled Nurse who face the same issues and concerns as tabled for the first year Registered Nurse.

***Preparation for practice***

There is a belief amongst some nursing clinicians that student nurses are under-prepared for practice within their first year as a registered /enrolled nurse. A representative from the ANTS Executive is on a National Early Career Nurse and Midwife Roundtable group that looks at employment opportunities for newly graduated nurses and midwives. The roundtable group believed that students were educationally prepared, but perhaps the value of a new graduate Transition Nurse (TN) is not recognised, and the ward/unit staff's expectations are high. Transition Nurses bring a fresh approach, enthusiasm and knowledge of recent evidence to their practice. The expectations from some clinicians that they can "hit the ground running" is unrealistic. The Roundtable group developed a Facts and Myths Information Sheet (attached) that was published by the Australian Nursing and Midwifery Federation.

There are some things that Bachelor of Nursing courses can never teach. They cannot provide students with the sense of the full responsibilities that entails being an RN, as students are never fully responsible for their patients' care. For example, nursing students cannot administer medications and some treatments by themselves, so TNs need good support from more experienced staff early in their career. This support can be in the form of an effective transition program (see section below). Hospital staff have also indicated that placements need to be several weeks in length so the student can feel part of the team.

There is also a comment by some nurses that universities and health facilities are silos when it comes to nurse education. Some collaboration already occurs, though it is not consistent across the

sector. There does need to be an increased collaboration between the educational institutions and the health facilities. Examples of collaborations could include clinical preceptor models, cross-teaching of staff between the two organisations, research projects, inclusion of clinician expertise in development of subject content, and combined educational or research events. Some clinical models currently support collaboration by having students dedicated to one healthcare facility or work as undergraduate Assistants-in-Nursing at a health facility. Two major issues identified with the dedicated facility models are the limited placement availability overall and clinical staff fatigue (refer to the Staff Burnout section for further discussion). The undergraduate Assistant-in-Nursing role is not an educational model and often has ad-hoc support due to the casual employment basis, and in the acute sector undergraduate AINs are sometimes restricted to patient 'minding'.

#### *Facilitation/preceptorship*

The models of student clinical placement vary (Jayasekara et al., 2018; Keane, 2016). Whichever model is used, the students are still generally working alongside a RN who is responsible for an EN or RN student nurse in the health facility. There is a large variation in the quality of educational experiences for students, often it is due to the lack of experienced staff or workload issues that affect student learning. Some staff undergo preceptorship training to support students. Preceptorship is recognised as facilitating work readiness in students and TNs (Edward et al., 2017).

Supporting staff in their preceptor role is essential in providing a nurturing learning environment. However, some staff are unwilling to take on a preceptor role, as some find it stressful on top of a busy workload and lack of support by management; these concerns are also reported in the literature (Quek & Shorey, 2018). Further support and incentives can help staff and management value preceptorship, such as formally recognising the role. Findings from the literature have reported that active support by management, protected time, peer support and training for the role all promote a positive preceptor experience (Quek & Shorey, 2018; Whitehead et al., 2015). An integrative systematic review by Rebeiro et al. (2015) identified that providing education and training for RNs supported them in the educational role.

#### *Staff burnout*

There is a large emotional and work burden by staff in hospitals (Riley & Weiss, 2016; Rose & Glass, 2010). This cannot be dismissed when considering the educational preparation for students and staff, as well as the promotion of nursing as a desirable occupation. Many staff are disillusioned and negative toward their work and value as a nurse. This results in negative attitudes towards new staff, cynicism about change, and high absenteeism and staff turnover. This is not a fault of nursing staff, but more a reflection of dissatisfaction with the workplace and a perceived lack of support from management. A new staff member or nursing student can be seen as a burden. This culture is not easy to change, but increased staffing and support by managers can help to promote a more positive and supportive environment (Twigg & McCullough, 2014). Burnout intervention strategies have been used in some facilities with positive results (Awa et al., 2010; Nowrouzi et al., 2015). Added to this is the instability due to staff shortages and demands by the organisation, where staff are seconded to roles on a short-term basis and management seems to be in flux. This is unsettling and destabilising for staff.

#### *Devaluing the nurse educator role*

Nurse education in the work environment has been identified as a valid and reliable indicator of a quality nursing environment (Kramer et al., 2010). Feedback from our members describe the under-valuing and devaluing of the nurse educator role. New graduates need good support, but so do the

ward staff who have TN staff, and this support is often provided by the nurse educator. The nurse educator role has several levels of responsibility; the nomenclature varies between states. In NSW there are clinical nurse educators who are ward-based and nurse educators that have a broader responsibility, usually for staff across the facility. The nurse educators are usually the staff who are asked to take on non-educator projects in addition to their educator workload and are the first to be asked to take on a caseload when busy, or are not replaced when they resign or seconded to another role within or external to the organisation. Lack of educators to support staff has adverse impacts on quality of nursing care and patient outcomes, for example Duffield et al. (2011) found that less medication errors were associated with the presence of nurse educators on the ward. It is important to provide protected time and prioritise educator work to support both the student and staff.

***Factors that affect the choice of nursing as an occupation, including for men***

We acknowledge that there is a recognised ageing nursing workforce and a need to encourage recruitment and retention of nursing staff. This is a complex issue, but a supportive workplace that has sufficient staffing is essential to retaining staff (Twigg & McCullough, 2014). Lessons can be learnt from magnet hospitals where successful strategies to retain staff include valuing and recognising nurses' contributions, a visionary management style, and opportunities for education and career advancement (Kramer et al., 2010). Some feedback from ANTS members included flexibility, travel opportunities, collegiality, and maternity/paternity leave.

To make the profession of nursing appealing to potential students it is more than men we need to focus on. The proportion of men entering nursing is increasing, as are the number of mature-age students and ENs. The gap is in attracting high school-leavers. We need to change our message to attract this generation, such as emphasising the flexibility of the profession, differing roles and educational preparation and the wide variety of fields they can explore as a graduate nurse. A greater use of social media such as Facebook, Twitter and Instagram can be used to attract and be relevant to this generation.

***The role and appropriateness of transition to practice programs however named.***

We support good transition programs for nurses. There is strong evidence that transition programs can improve job satisfaction and increase retention (Goss, 2015; Van Camp & Chappy, 2017). Feedback from some of our members describe transition programs as positive, nurturing, important and essential. However, in some facilities transition programs for graduates have a finite number accepted into the program or are not available due to minimal or no educator support available. This has been the case for several years, as the Roundtable (previously mentioned) was developed in a response to a lack of new graduate places in 2015. If programs are to be run, then they also need to be quality programs as members report there is inconsistency in the delivery of transition programs in meeting the needs of new graduates.

***The competitiveness and attractiveness of Australian nursing qualifications across international contexts***

Some members of ANTS are university educators and we see that international students' value and seek out Australian nursing programs. We also see that agents come to Australia to recruit staff, such as from the United Kingdom and the Kingdom of Saudi Arabia. We also now have several Schools of Nursing and Midwifery in the top 50 or 100 of International University Rankings systems. This is increasing the interest from overseas applicants.

## Recommendations

- Nurse educators at all levels are valued by their employer and educator work is prioritised. Funding may be needed to support this.
- Quality transition programs with minimum standards to be available for all new nursing staff, including the transitioning Enrolled Nurse. This needs adequate resourcing, such as preceptor training and adequate staffing.
- Preceptorship training for RNs supervising students and new staff; a recognition system that values this work; and protected time in which to undertake the role
- Resources are made available to ensure adequate staff cover and mix of staff to decrease worker burden and support new and experienced nursing staff.
- Burnout intervention programs are available for all nursing staff
- A wide use of Social media is used to attract school-leavers to enter nursing
- Options for partnerships between schools and Registered Training Organisations (RTOs) to provide Vocational Education and Training (VET)-in-Schools programs for Certificate level courses related to nursing
- Organisation nurse educators to provide options for Work Experience Programs or School Expos in collaboration with local schools
- Students on their final clinical placement are provided with paid employment to focus on the role accountability and responsibilities under supervision of the experienced nurse.

## Programs

- Adequate clinical exposure and opportunity is given to students for clinical practice, for example having students on the wards for a minimum of 4 weeks
- Greater collaboration between educational institutions and health facilities, such as cross-teaching, research projects, and involvement of clinicians to develop detailed subject and course content

From:

The President Ms Michelle Girdler and the National Committee, ANTS

Contact: [office@ants.org.au](mailto:office@ants.org.au)

## References

- Awa, Plaumann, & Walter. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling*, 78(2), 184-190.
- Duffield, C., Diers, D., O'Brien-Pallas, L., Aisbett, C., Roche, M., King, M., & Aisbett, K. (2011). Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research*, 24(4), 244-255.
- Edward, K-L., Ousey, K., Playle, J., & Giandinoto, J-A. (2017). Are new nurses work ready – The impact of preceptorship. An integrative systematic review. *Journal of Professional Nursing*, 33(5), 326-333.
- Goss, C. R. (2015). Systematic review building a preceptor support system. *Journal for Nurses in Professional Development*, 31(1), E7-E14.
- Jayasekara, R., Smith, C., Hall, C., Rankin, E., Smith, M., Visvanathan, V., & Friebe, T-R. (2018). The effectiveness of clinical education models for undergraduate nursing programs: A systematic review. *Nurse Education in Practice*, 29, 116-126.

- Keane, C. (2016). *An investigation of nurse education service models in acute care metropolitan hospitals across Australia* (thesis). University of Notre Dame Australia. Retrieved from <https://researchonline.nd.edu.au/cgi/viewcontent.cgi?article=1143&context=theses>
- Kramer, M., Schmalenberg, C., & Maguire, P. (2010). Nine structures and leadership practices essential for a magnetic (healthy) work environment. *Nursing Administration Quarterly*, 34(1), 4-17.
- Nowrouzi, B., Lightfoot, N., Larivière, M., Carter, L., Rukholm, E., Schinke, R., & Belanger-Gardner, D. (2015). Occupational stress management and burnout interventions in nursing and their implications for healthy work environments: a literature review. *Workplace Health & Safety*, 63(7), 308–315. <https://doi.org/10.1177/2165079915576931>
- Quek, G. J. H., & Shorey, S. (2018). Perceptions, experiences, and needs of nursing preceptors and their preceptees on preceptorship: an integrative review. *Journal of Professional Nursing*, 34(5), 417-428.
- Rebeiro, G., Edward, K-L., Chapman, R., & Evans, A. (2015). Interpersonal relationships between registered nurses and student nurses in the clinical setting—A systematic integrative review. *Nurse Education Today*, 35(12), 1206-1211.
- Riley, R., & Weiss, M. (2016). A qualitative thematic review: Emotional labour in healthcare settings. *Journal of Advanced Nursing*, 72(1), 6-17.
- Rose, J., & Glass, N. (2008). Enhancing emotional well-being through self-care: the experiences of community health nurses in Australia. *Holistic Nursing Practice*, 22(6), 336-347.
- Twigg, D., & Mccullough, K. (2014). Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings. *International Journal of Nursing Studies*, 51(1), 85-92.
- Van Camp, J., & Chappy, S. (2017). The effectiveness of nurse residency programs on retention: a systematic review. *AORN Journal*, 106(2), 128-144.
- Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., . . . Walker, C. (2013). Supporting newly qualified nurses in the UK: A systematic literature review. *Nurse Education Today*, 33(4), 370-377.

## ATTACHMENT

National Early Career Nurse and Midwife Roundtable, Employment of newly graduated and early career nurses and midwives. (2018). *Facts and myths - Information sheet*. Retrieved from <http://anmf.org.au/documents/information sheets/Facts and Myths Early Career Nurses and Midwives.pdf>

# National Early Career Nurse and Midwife Roundtable

## Employment of newly graduated and early career nurses and midwives

### Facts and Myths – Information Sheet

#### Introduction

In December 2014 the Australian Nursing and Midwifery Federation (ANMF) convened a National Graduate Nurse and Midwife Roundtable with key nursing and midwifery leaders and other relevant stakeholders to discuss and develop solutions to secure improved employment opportunities for early career nurses and midwives.

All participants at the roundtable agreed there was a significant problem of underemployment of newly graduating nurses and midwives, the causes of which are complex and varied. A working group was then established to address a number of key objectives including improving data related to students and registration numbers, research into graduate/transition programs and a document to address the myths that may impede the employment of early career nurses and midwives.

The following document has been developed by the working group of the Roundtable to highlight the facts of undergraduate education and to bust the myths.

#### FACTS

##### Undergraduate nursing and midwifery programs

Programs leading to registration for registered nurses, enrolled nurses and midwives with the Nursing and Midwifery Board of Australia are required to meet multiple standards prior to their delivery by approved education providers.

These include:

- Education providers' internal standards and processes
- The standards of the Tertiary Education Quality and Standards Agency
- The Australian Skills Quality Authority standards (Diploma of Nursing)
- Accreditation by the Australian Nursing and Midwifery Accreditation Council.

##### Overview of program requirements

###### Registered Nurse

- Minimum Award: Bachelor Degree
- Program length: 3 years full time equivalent
- Minimum clinical hours: 800 hours plus simulation
- Cost to the graduate to complete the course: \$20,000 up to \$30,000.

###### Midwife-direct entry:

- Minimum Award: Bachelor Degree
- Program length: 3 years full time equivalent
- Minimum clinical hours: Extensive plus simulation
- Cost to the graduate to complete the course: \$20,000 up to \$30,000

*Midwifery can also be completed as a post graduate diploma if the student is entering as a nurse. The program is 12 months in length.*

### Enrolled Nurse:

- Minimum Award: Diploma
- Program length: 18 months
- Minimum clinical hours: 400 hours plus simulation
- Cost to the graduate to complete the course: \$10,000 up to \$20,000

## Data relating to early career nurses and midwives

To understand the issue of underemployment of newly graduated nurses and midwives now and into the future, it is essential we have accurate data that details the experience of registered nurses, enrolled nurses and midwives post completion of their undergraduate studies. However, the complete data picture regarding the employment of newly registered nurses, enrolled nurses and midwives is not easy to ascertain.

The Nursing and Midwifery Board of Australia (NMBA), as the national regulator for nurses and midwives, is able to quantify the number of new registrations as a registered nurse, enrolled nurse or midwife who have completed their undergraduate (or post graduate programs of midwifery study which lead to registration as a registered midwife) approved program in Australia. This data is captured when graduates first apply for general registration. The NMBA together with the Australian Health Practitioner Regulation Agency (AHPRA) maintain a register with respect to students in approved nursing and midwifery programs. However, there are current limitations with the student register, and AHPRA and the NMBA plan to improve the linkages between the student and general register data.

State and territory governments also collect data relating to the number of first year registered nurses, enrolled nurses and midwives gaining employment, however, this data is confined to public health settings.

The Commonwealth Government collects data at renewal of registration for nurses and midwives through the annual workforce survey. However, the dataset regarding employment of first time registrants is not definitive for a number of reasons.

Data for midwives is even more difficult to ascertain. In some data sets such as that published by Graduate Careers Australia, midwives are included within the registered nurse data and cannot be separated.

The above examples highlight that existing datasets are incomplete and the quality of the data needs to be improved.

A more accurate picture of the current position for nearly graduating nurses and midwives wanting employment can only be gained by blending the existing data sources together.

## Workforce numbers

Evidence predicts that Australia is heading for significant shortages of nurses and midwives within the next two decades with a current replacement rate of 0.9<sup>1</sup>. Considering this shortage, the table below outlines the current data sources relating to graduate employment. The data highlights the increase in students commencing study from 2010 to 2015 and shows a decrease in full time employment for graduates four months after graduation in the same time period.

Type	2010	2011	2012	2013	2014	2015
Course commencements for domestic undergraduate registered nurse students <sup>2</sup>	13,838	13,779	15,290	16,320	17,581	18,950
Nursing University Graduates employed full time 4 months after they graduate <sup>3</sup>	92.9%	92%	92.2%	83.1%	80.5%	79%



With evidence that the professions are heading toward a significant shortage by 2025, increasing the numbers of students commencing programs has been critical. The uncapping of university undergraduate places has facilitated this increase. However, the increase in student numbers in some jurisdictions has not been accounted for within the employment setting, resulting in a disconnect with the number of available early career nursing and midwifery positions and the related employment of new nursing and midwifery graduates.

A compounding factor to the projected shortfall is the evidence suggesting early career nurses and midwives are not being retained within the workforce. Their reasons for leaving the professions are varied, but can relate to high levels of stress and in some contexts unacceptable workloads, lack of support and guidance and too much responsibility<sup>4</sup>. It is essential that maximum effort is exerted to do all we can to ensure early career nurses and midwives are employed and retained within the professions. These nurses and midwives need, firstly, appropriate employment and, secondly, to be respected for what they bring to health or aged care settings.

## MYTHS

Whilst many early career nurse and midwives obtain employment and experience a positive transition to practice, some do not. The following myths attempt to bust some inaccuracies in the views of the professions to early career nurses and midwives and the poor cultural attitudes that may confront early career nurses and midwives in their first few years of practice.

### Myth 1

Early career nurses and midwives must complete a formal graduate program to be employed

### Myth 2

Early career nurses and midwives are not 'work ready'

### Myth 3

Dedicated resources are not required to support early career nurse and midwife transition

### Myth 4

Unlicensed workers can replace early career nurses and midwives

## Deconstructing the myths

**Myth:** It is mandatory to have done a graduate program (transition to practice, new graduate year, or graduate placement) to be employed as a registered nurse or midwife.

Whilst every early career registered nurse and midwives should be supported to transition from undergraduate student to nurse or midwife, there is no regulatory requirement preventing the early career nurse or midwife from being employed where they have not completed a formal transition to practice program. Newly graduating nurses and midwives need additional support from other registered nurses and midwives as they gain confidence in adapting to their new role and setting.

**Myth:** Early career nurses and midwives are not 'work ready' in their first year of practice.

The concept of 'work ready' is unhelpful and creates confusion amongst the professions. The expectations of newly registered nurses and midwives must be realistic and be founded upon the understanding that newly graduated registered nurses and midwives have an individual and beginning practitioner's scope of practice. They have completed the professions' agreed education programs leading to registration, which have included extensive theory and practice, and they have been assessed as competent, meeting the relevant standards for practice.

These nurses and midwives have much to offer their clients/patients and the nursing and midwifery professions. Like other nurses and midwives, early career nurses and midwives have experience and skills in some areas of practice and will need support to develop in others.

Early career nurses and midwives are not just 'graduates', they are nurses and midwives with an individual scope of practice. They have earned the right to be respected and supported within their chosen profession. They need acknowledgement and respect for what they bring to their practice. As with all nurses and midwives they also need support to continue to develop their individual scope of practice depending on the context of practice.

**Myth: Effective support can be provided to early career nurses and midwives without adequate nursing and midwifery resources and relevant education e.g. preceptor programs or quality transition and support of newly graduating nurses and midwives.**

Adequate resourcing and clinical education are required to enable registered nurses and midwives to provide adequate support to early career nurses and midwives as they transition from undergraduate student to a nurse or midwife. Formal transition to practice programs provide a means to ensure resources are provided to support newly graduating nurses and midwives in their transition to practice.

**Myth: Employing an unlicensed health worker instead of a newly graduated registered nurse saves money and doesn't make a difference to patient outcomes**

It is a false economy to employ an unlicensed health worker instead of an early career registered nurse. Research indicates that patient outcomes are directly affected by staffing skill mix and more specifically, the number of registered nurses and midwives<sup>5 6 7 8</sup>. Registered nurses perform a critical surveillance role in preventing adverse patient outcomes including: the incidence of pressure area sores, patient falls, failure to rescue, urinary tract infections, pneumonia and death. Registered nurses and midwives therefore save money and lives.

## Best practice principles for the transition period for newly graduating nurses and midwives

It is important that transition to practice programs occur in a culture of safety. The NMBA Code of Ethics for Nurses in Australia, particularly value statement 6, *Nurses value a culture of safety in nursing and health care*<sup>9</sup> and in the Code of Ethics for Midwives in Australia value statement 6 *Midwives value a culture of safety in midwifery care*<sup>10</sup> advocate for a non punitive systems based approach to human error, development of trusting relationships and an environment in which nurses and midwives see the detection of their own errors as an opportunity for improvement is essential. The following best practice principles identify the importance of a safe environment for early career nurses and midwives as well as a number of other important recommendations. These recommendations were produced through a research project funded by the Nursing and Midwifery Policy Wellbeing, Integrated Care and Ageing Department of Health (2012)<sup>11</sup> and have been adopted by the Graduate Nurse and Midwife Round Table Group. These principles were developed in and for the Victorian context and will need to be adapted when used in another state or territory.

<b>Principles</b>		<b>Summary</b>
1	<i>Learning and development is valued</i>	<i>Best practice transition programs are planned learning and professional development experiences that address both early graduate and workplace needs.</i>
2	<i>Nurses and midwives and their contribution are valued</i>	<i>Best practice transition programs thrive in an organisational culture that values nurses and midwives, their contribution to client care, service delivery and the role of the graduate in the health team.</i>
3	<i>A safe and supportive working environment is provided</i>	<i>Best practice transition programs are based on the understanding that early graduates are prepared through their tertiary qualifications for beginning level practice.</i>
4	<i>Planned experiences that address both graduate and workplace needs are undertaken</i>	<i>Best practice transition programs are delivered in organisations that value learning, professional development, evidence based practice and research.</i>

5	<i>Experienced professionals...[support], direct and instruct graduates</i>	<i>Best practice transition programs are provided in a safe and supportive work environment that complies with the principles of the Occupational Health and Safety Act, 2004.</i>
6	<i>A holistic program is provided, incorporating professional, social and broader life issues</i>	<i>Best practice transition programs adopt a holistic approach that considers professional, social and whole of life issues.</i>
7	<i>The transition program is aligned with quality, safety and risk management policy</i>	<i>Best practice transition programs are integrally linked to the organisation's quality, safety and risk management frameworks.</i>

## Glossary

**Early Career nurse or midwife:** a nurse or midwife who has recently (1-2 years) graduated from a program leading to registration as a nurse or midwife.

**Transition/ Graduate program:** A structured employment program or period of time that is offered to newly graduating nurses and midwives with the intention of providing support for their transition into employment as a nurse or midwife.

## References

1. Australian Government, Department of Health, *Nurses and midwives NHWDS 2016 Fact Sheet*, available at: <http://data.hwa.gov.au/webapi/customer/documents/factsheets/2016/Nurses%20and%20Midwives%202016%20-%20NHWDS%20factsheet.pdf>
2. Department of Education. Higher Education Statistics – Student Data, at <https://education.gov.au/student-data>. Select year and go to Excel tables for Special Courses.
3. Graduate Careers Australia. (sample size of approx. 3000 bachelor of nursing graduates) *Australian Graduate Survey*, at <http://www.graduatecareers.com.au/research/surveys/australiangraduatesurvey/>)
4. Lindfors.K. and Junttila.K. (2014) The effectiveness of orientation programs on professional competence and organizational commitment of newly graduated nurses in specialized health care: a systematic review protocol. JBI, *Database of Systematic review and implementation reports*. Vol 12, No 5.
5. Twigg.D.E, Geelhoed,E.A., Bremner,A.P and Duffield,M. (2013) The economic benefit of increased levels of nursing care in the hospital setting. *Journal of Advanced Nursing*, 69(10), p2253-2261.
6. Twigg.D.E,, Duffield,M., Bremner,A.P., Raphley.P. and Finn.J. (2011) The impact of the nursing hours per patient day (NHPPD) staffing methods on patient outcomes: A retrospective analysis of patient and staffing data. *International Journal of Nursing Studies*, 48 (2011), p 540-548.
7. Twigg.D.E, and Duffield,M. (2008) A review of workload measures: A context for new staffing methodology in Western Australia. *International Journal of Nursing Studies*, 46 (2009), p 132-140.
8. Roche.M., Duffield,M., Aisbett.C., Diers.D. and Stasa.H. (2012) Nursing work directions in Australia: Does evidencedrive the policy? *Collegian* 19 (2012), p 231-238.
9. Nursing and Midwifery Board of Australia (2008). *Code of Ethics for Nurses in Australia*: Nursing and Midwifery Board of Australia. Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx> [Accessed 23 Aug. 2017]
10. Nursing and Midwifery Board of Australia (2008). *Code of Ethics for Midwives in Australia*.: Nursing and Midwifery Board of Australia. Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx> [Accessed 23 Aug. 2017].
11. Nursing and Midwifery Policy Wellbeing, Integrated Care and Ageing Department of Health (2012) *Study of Victorian Early Graduate Programs for Nurses and Midwives- Final research report*. Available at: <https://www2.health.vic.gov.au/about/publications/researchandreports/early-graduate-programs-nurses-midwives-study-2012>