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The organisational socialisation of new graduate nurses and midwives within three months of their entrance into the health workforce

AUTHORS

SE OK OHR RN BN M Health Management PhD^{1,3}

DOREEN HOLM RN RM Graduate Certificate
Industrial Relations M Human Resource Management²

MICHELLE GILES RN CM BBus MIS PhD^{1,3}

1 Nursing and Midwifery Research Centre, Hunter New England Local Health District, Newcastle, Australia.

2 Nursing and Midwifery Services, Hunter New England Local Health District, Newcastle, Australia.

3 School of Nursing and Midwifery, Faculty of Health, University of Newcastle, Australia.

CORRESPONDING AUTHOR

SE OK OHR Nursing and Midwifery Research Centre, Hunter New England Local Health District, Gate Cottage, James Fletcher Campus 72 Watt Street Newcastle, NSW, Australia. 2300. Phone: +61 2 4924 6724

Email: seok.ohr@health.nsw.gov.au

ABSTRACT

Objective: To investigate if the current onboarding process influences the organisational socialisation of new graduate nurses and midwives into the workforce.

Background: Positive organisational socialisation experience for new graduate nurses and midwives during their entry into the healthcare environment is an important contributor when building an organisation's ability to increase workforce capacity. However, few studies have investigated the onboarding processes to promote their organisational socialisation.

Study design and methods: A quantitative, descriptive, cross-sectional study design was conducted at a large Local Health District that provides health services to almost one million people in metropolitan, rural and remote locations. Participants were 170 new graduate nurses and midwives who commenced their transition program at 21 acute and community healthcare settings within the District in January and February 2017. Data was collected through a document review of current

onboarding processes and by an online survey of new graduates. Data sets were analysed using descriptive statistics and content analysis.

Results: The survey response rate was 47% (n= 80). Findings highlight that the onboarding process provided by the District was useful for the new graduate's transition into the workplace. The findings also indicated that the onboarding process was inconsistent across different contexts in the District and required more relevant and practical components. In addition, the current onboarding did not adequately provide strategies to build relationships for new graduates within their work environments.

Discussion: This study provides valuable insight into current onboarding practices in both metropolitan and rural contexts and highlights gaps in this process across the health District. The findings of the study provide insights and future direction for improvements by addressing the inconsistency in the structure and content of orientation programs. The need for more accessible and consistent organisational information and a more structured

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framework for the organisational wide onboarding process was also identified.

Conclusion: Re-design of an onboarding process that is relevant, consistent and enhances relationship-building is imperative to meeting both the professional and organisational needs of new graduate nurses and midwives.

Implications for research, policy and practice: The findings of the study imply a need to streamline the onboarding process to provide greater opportunity for new graduates to develop and sustain professional networks and associated workplace relationships regardless of their locations. They also signal a need to develop policies practice and future research to assist a better organisational socialisation, in particular, the allocation of resources, better utilisation of time spent on education and workplace support in the transition into their clinical workplaces.

What is already known about the topic?

- Supporting new graduate nurses and midwives in their first year is important for their transition into

the workforce and to increase their retention in the profession.

- Onboarding processes for new graduates during their transition into the workplace enhances their professional knowledge and confidence, which increases their capacity to provide safe quality healthcare.
- Few studies have investigated the relationship between the onboarding process and the promotion of organisational socialisation within the first three months of entering the health workforce.

What this paper adds:

- Findings identify the need to improve the onboarding process to better meet the complex needs of the new graduates.
- Implementation of a tailored onboarding process, especially in rural and specialty areas improves organisational socialisation.

Key words: Onboarding; orientation; personal support; transitioning to practice

INTRODUCTION

Organisational socialisation is critical for new employees as it is a learning and adjustment process that enables an individual to assume an organisational role that fits both organisational and individual needs.¹ Further, organisational socialisation is emphasised in the literature as crucial and necessary to assist new employees with the capability to transit into the workforce.^{2,3} This is because organisational socialisation provides opportunity to gain organisational knowledge and increases the new employees understanding of organisational expectations, and its culture in their particular profession.^{2,4} Hence, organisational socialisation assists new employees to assimilate into their new work community with reduced uncertainty because of access to organisational information such as policies and procedures and introduction to ways of working and building relationships.² Organisational socialisation also assists new employees to develop relationships with others, while learning the social norms and how the organisation operates.^{3,5}

Organisational socialisation is a dynamic and complex concept and an important step is 'onboarding'.^{1,2} Onboarding is defined as the process of helping new employees adjust to social and performance aspects of their new jobs.² Health organisations provide an onboarding for new graduate nurses and midwives (NG) aimed at facilitating their organisational socialisation in the initial period of employment. A positive organisational socialisation

experience for NGs during their transition and entry into the healthcare environment is an important contributor to building an organisation's ability to retain staff and increase workforce capacity.⁴

The onboarding process is recognised as an important priority for policy makers, administrators and educators working within healthcare environments,^{4,6} a number of aspects to the onboarding process for NGs are identified in the literature. These include structured or non-structured orientation programs, preceptorship/mentorship programs, supernumerary time, and professional education opportunities.⁷⁻⁹ Orientation programs have been used as an onboarding strategy to assist NGs to gain organisational knowledge and skills so they can assimilate and perform in the workplace.^{2,10} Support through preceptorship and/or mentorship, including supernumerary time, and providing education and training is also recognised as essential during the transition of NGs into clinical practice.¹¹⁻¹³

It has been identified that some NGs feel inadequately prepared through their university studies to work in healthcare work environments.^{13,14} In fact, the transition of NGs into healthcare work environments is described frequently as stressful.¹⁵ Some authors described expectations that NGs need to 'hit the ground running'.¹⁶ If NGs are not provided with clear direction and mentorship in the first few months of practice they are known to develop role ambiguity, characterised by coping poorly, anxiety and a lack of confidence.^{3,4} Similarly, an Australian mixed method

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cross-sectional study exploring the experiences of NGs in their first year of employment indicated there was a lack of evaluation of onboarding processes for NGs in health services in New South Wales (NSW), one of the largest states in Australia.¹⁷ In particular, there is a lack of information on the NGs perspectives about their experiences in both rural and metropolitan health service settings.¹⁷ Addressing the NGs' needs through a substantial and relevant onboarding process may be beneficial in improving their performance, job satisfaction and long term retention.^{18,19} This aspect of organisational socialisation may be pivotal for the retention of the Australian nursing and midwifery workforce, experiencing long term workforce shortages.²⁰

The District involved in this study has experienced an increase in NG recruitment of 33% across a ten year period (171 NGs in 2008 to 228 NGs in 2018),²¹ paralleling with increasing intakes of nursing students in surrounding universities. Therefore, it is timely for the District to explore the effectiveness of its onboarding processes in meeting the socialisation needs of those NGs. This aligns with the NSW State Health Plan that emphasises support and development of NGs into their clinical roles.²² As the initial onboarding experience is known to improve job performance and job satisfaction and reduce unwanted turnover,² it is therefore important that organisations optimise their onboarding processes. The study presented in this paper aims to provide a deeper understanding of the onboarding process of NGs, its impact on them, and to identify key priority areas in the onboarding process for healthcare organisations employing NGs.

STUDY DESIGN AND METHODS

DESIGN

This study used a quantitative, descriptive, cross-sectional study design.

SETTING

The setting was a large health district (the District) in New South Wales, Australia, providing health services to almost one million people in metropolitan, rural and remote locations. The District consists of three tertiary referral hospitals, four rural referral hospitals, 22 district and community hospitals, 70 multipurpose services and community health services, three mental health facilities and one residential aged care facility spread across 25 local government areas (geographically about 133,000 square kilometres in size).

PARTICIPANTS

One hundred and seventy NGs who commenced their transition program in the health District in January and February 2017 across 21 acute and community healthcare settings.

DATA COLLECTION

Phase one: A review of current onboarding processes was undertaken through examination of current programs and related documents, specifically reviewing orientation programs and induction, supernumerary days, personal support offered, and NGs information sources.

Phase two: An online survey containing 41 items was circulated via work email to the 170 NGs at four to six weeks after commencement of employment. The survey was opened for six weeks with a reminder sent half way through at three weeks.

DEVELOPMENT OF SURVEY

The survey was developed based on key constructs identified in an extensive literature review and modifications made from a previously validated survey used by Parker et al.¹⁷ by adding questions specifically related to the onboarding process. The survey collected information on NG demographics, prior nursing/midwifery work experience, program structure and content relevance along with locations and NG satisfaction with the onboarding process. The survey also included a total of 19 items that explored future education topics; four items about organisational information, seven items about ways of working and eight items related to coping skills. Content validity was ensured through consultation with seven nursing and midwifery leaders, including clinical educators and NG coordinators who reviewed the survey and provided feedback.²³

Survey questions were structured as either multiple choice questions or as a Likert scale where respondents were asked to choose an option from 1 (strongly disagree) to 5 (strongly agree). The respondents were provided with free text fields on some questions so that they could make additional comments.

DATA ANALYSIS

Quantitative data were analysed using descriptive statistics and frequency distribution and additional free text comments were analysed using content analysis as described.²⁴ All text was analysed by taking the following steps: read and re-read the texts, condense into meaningful units, formulate codes, develop codes into categories and create themes.

ETHICAL STATEMENT

Approval to conduct this study was granted by the District Ethics Committee (HNEHREC Reference No: 16/12/14/5.14). Completion of the online survey implied consent. NGs were informed that participation was voluntary and all information obtained during the course of the study was de-identified to ensure anonymity.

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RESULTS

PHASE ONE: REVIEW OF THE CURRENT ONBOARDING PROCESS WITHIN THE DISTRICT

New graduates were expected to participate in the following four orientation components in a face-to-face mode across the District: 1) Corporate orientation: a two-day program which included organisation information (eg. clinical governance, ethics, staff health and security) and mandatory education (manual handling, infection control, fire safety, roles and expectation of nurses/midwives); 2) NG specific orientation, where the information provided focused on the perceived needs of new graduate nurses and midwives; 3) Ward induction, focused on specific ward information; 4) Supernumerary days, allowing the NG to not have a patient load. Wide-ranging variations were identified in these four orientation components. Further review identified that the length and content of each component of the program varied depending on location, facility resources and the needs of speciality areas. An acute care hospital in a metropolitan environment allocated a minimum of three days for orientation, whereas an acute care setting in a rural area provided a total of five days orientation. In addition, new graduates in rural or remote areas and speciality areas such as mental health or critical care were more likely to participate in a longer orientation period, as much as two weeks. Depending on the facilities, the length of orientation and education topics were varied. For example, medication safety was included in all orientation programs, but the length of the sessions ranged from 30 minutes in one facility to 120 minutes in another facility, and a medication safety competency assessment was only included in two facilities. In addition, NGs from all facilities were provided with a site-specific NG Handbook that guided them in their first year of clinical practice. The content and extent of this information varied, with much duplication of information

in the handbooks. The District, in collaboration with NSW Health, was working towards providing greater capacity for staff to undertake online courses including specific modules for NGs, however there was limited uptake of online courses included in the onboarding process, with a greater reliance on nursing/midwifery educators.

PHASE TWO: SURVEY RESULTS

The survey yielded a 47% response rate (n=80). The characteristics of respondents were similar with the cohort of NGs who commenced their work, except there was less representation of male respondents in the survey (see Table 1). The majority of respondents (66%, n=53) were aged 20-29 years and 75% (n=60) reported having had prior nursing and/or midwifery experiences before recruitment to the NG program. The respondents were almost equally located between metropolitan facilities and rural/remote facilities, and 34% (n=27) needed to relocate to take up their employment. Overall, all except one (98.8%) of the respondents stated they were happy to commence their work at the District.

ORIENTATION, WARD INDUCTION AND SUPERNUMERARY TIME

All NGs attended either Corporate Orientation or New Graduate Orientation with orientation periods varying from one day to two weeks. Over 30% of respondents (n=25) identified that they did not participate in a ward induction, but the rest attended one to two days ward induction. All except six NGs had supernumerary days, which varied from one day up to two weeks.

Further, 82% (n=66) of respondents agreed that 'the orientation program was beneficial to a new employee' in their transition period. The following comments reflect the NGs satisfaction with the orientation program:

TABLE 1: CHARACTERISTICS OF RESPONDENTS

| | | All NGs (N=170) | Respondents (N=80) |
|---|-----------------|-----------------|--------------------|
| Age | 20–29 years old | 73% (125) | 66% (53) |
| | 30–39 years old | 18% (30) | 24% (19) |
| | 40–49 years old | 6% (10) | 8% (6) |
| | ≥50 years old | 3% (5) | 2% (2) |
| Gender | Male | 12% (20) | 2% (2) |
| | Female | 88% (150) | 98% (78) |
| Location | Metropolitan | 65% (111) | 54% (43) |
| | Rural | 35% (59) | 46% (37) |
| Prior nursing and/or midwifery experience † | Yes | 70% (119) | 75% (40) |
| | No | 30% (51) | 25% (20) |
| The duration of your experience | ≤ 12 months | 30% (35) | 31% (19) |
| | >12 months | 70% (135) | 69% (41) |

† Some respondents had worked more than one job.

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'It was great. I felt very supported and welcomed. Coming from out of area it was a great introduction to the XX Hospital and made an enormous difference in my transition into the workplace. I would definitely continue it for future New Grads.' (Metropolitan area)

'It has been great so far and I really have enjoyed my overall time here at XX Hospital.' (Rural area)

Respondents (n=53) also made comments suggesting areas for improvement in the orientation process such as need for relevance, practicality and redesign of supernumerary days. Ten comments related to the relevance of the content in meeting NGs particular workplace needs. They pointed out that some information was redundant, for example, topics that had previously been covered by their university study or NGs previously employed in a different capacity at the District were required to re-attend the orientation program. Two respondents highlighted the need for more localisation of content of the orientation program.

'(The orientation program) feels like a one-size fits all process.' (Rural area)

'I went to XX Hospital for my orientation and I am working a Y Hospital, and the orientation at XX Hospital was very site specific and not relevant to me.' (Rural area)

Eleven comments were about the need for orientation topics to be more practical to assist with familiarising NGs to the clinical practice environment.

'Introduction to all the programs that nurses use on the wards, what they are for, and how they are used would be helpful. They are hard to navigate and use when in the first few weeks of the first rotation.' (Metropolitan area)

'Include education on expectations of documentation e.g. falls risk, Waterlow score, and explanation of CPD points, how it works, how to document points etc.' (Rural area)

Some respondents asked for demonstrations of certain procedures to enhance their skill in areas that are relevant and important to the organisation, such as the use of computer system procedures for leave requests, and how to manage rosters and source policies. Another element highlighted for improvement in the orientation program was the lack of information available about Aboriginal health and staff health and lack of guidance or support in developing the competency levels they needed to achieve.

A further eight comments related to supernumerary days, and indicated a lack of clarity about the role and responsibilities of preceptors and NGs, and a lack of transparency about the goals of supernumerary days.

'I was allocated three booking in visits on my first day without a proper supernumerary day. I found this scenario to be extremely challenging.' (Metropolitan area)

'We need to have more appropriate supernumerary buddies. Educate nurses on being supernumerary buddies so they know what to do and how to support new grads. My buddy gave me two of her patients without an introduction to the ward and sat at the desk for most of the day. She also only worked one day a week on that ward. Not an appropriate buddy.' (Rural area)

PERSONAL SUPPORT

Respondents were asked to rate the types of personal support they were being offered during the first month of their employment. The majority indicated that all types of personal support were beneficial (Table 2). In particular, 94% of respondents agreed that the benefit of support from a clinical mentor/preceptor or clinical educators in the initial part of their working life as new nurses or midwives was most beneficial. Some respondents were not sure how beneficial regular meetings with managers and clinical supervisors were, but they felt there was a need for them.

Twenty percent of respondents (n=16) made comments about the importance of personal support and the lack of access and consistency of access to personal support.

'Having XX as an educator has been my survival line. XX really helps the transition and also to be there to help explain things on the ward and help us' (Rural area)

'Having a mentor on the ward has been amazing to bounce questions off and know that they are okay with that rather than burdened by it. Regularly seeing the educators has also been so good to chat about different situations and get a helping hand. ... (with) a skill I was not confident with on my own but now feel confident following supervision and guidance from the educators.' (Metropolitan area)

'Different wards provided differing levels of support. I found to have a lot of support in Medical 1 was brilliant and so helpful and I found to have very minimal support in Surgical 2 which was really hard and not fair as it has a heavy workload and is a difficult ward to work in as a new grad RN.' (Rural area)

TABLE 2: TYPE OF PERSONAL SUPPORT YOU FEEL WOULD BE BENEFICIAL TO YOU DURING THE TRANSITION PROGRAM

| | (Strongly) Disagree | Neutral/Don't know | (Strongly) Agree |
|---|---------------------|--------------------|------------------|
| Clinical Mentor/Preceptor | 1.25% (1) | 4 5% (4) | 93.75% (75) |
| Regular meeting with Nursing/Midwifery Unit Manager | 10% (8) | 17.5% (14) | 72.5% (58) |
| Regular meeting with Clinical Educator | 0% (0) | 6.25% (5) | 93.75% (75) |
| Clinical Supervision | 3.75% (3) | 21.25% (17) | 75% (60) |

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FUTURE EDUCATION NEEDS

Respondents were provided with a list of topics grouped into three categories; organisational information (OI), ways of working (WOW) and coping skills (CS). The Phase one of the review of current onboarding processes identified these to be the topics of education days throughout the year, rather than during the initial onboarding period. They were asked to rate the importance of each topic to their future educational needs. Table 3 demonstrates that respondents rated all three categories highly. In addition, more than 95% of the respondents strongly agreed or agreed that some educational topics should be addressed at the beginning of their transition period, for example, knowing roles and responsibilities, patient assessment, prioritising and planning, time management and introductions to other new graduates.

DISCUSSION

This study provides valuable insight into current onboarding practices in both metropolitan and rural contexts and highlights gaps in this process in a District where 170 NGs commenced their professional practice together. Thirty

percent of this cohort were mature aged NGs, following a trend identified by Kenny et al.¹⁶ Study findings are similar to those in a study of NGs in NSW public sector,¹⁷ with almost 70% of NGs having more than 12 months prior nursing and midwifery experience. These characteristics impact on a NGs socialisation into the organisation as their life and work experiences are factors that need to be taken into account when planning onboarding processes.³

The District's efforts to enhance socialisation were accepted well by the NGs, with almost all respondents identifying that they accessed a variety of onboarding processes such as corporate orientation, new graduate orientation sessions, and supernumerary days. They found that these onboarding processes were useful for their organisational socialisation in the beginning of their professional practice. However, more than 30% of respondents reported not having a ward specific induction. The District where this study was conducted uses the ward induction as an opportunity for NGs to familiarise themselves with their immediate working environment and identify the people they work with. This could be a critical limitation of the onboarding process as relationship building is key in organisational socialisation of NGs and a challenge for NGs.⁴

TABLE 3: FUTURE EDUCATION TOPICS

| | | (Strongly) Disagree | Neutral/Don't know | (Strongly) Agree |
|-----|---|---------------------|--------------------|------------------|
| OI | An overview of the organisation | 3.75% (3) | 13.75% (11) | 82.5% (66) |
| | Your rights and responsibilities as a nurse/midwife | 1.25% (1) | 5% (4) | 93.75% (75) |
| | Incident reporting | 1.25% (1) | 10% (8) | 88.75% (71) |
| | Education management system | 1.25% (1) | 8.75% (7) | 90% (72) |
| WOW | Patient assessment | 1.25% (1) | 2.5% (2) | 95% (76) |
| | Documentation | 2.5% (2) | 11.25% (9) | 86.25% (69) |
| | Cultural awareness | 3.75% (3) | 8.75% (7) | 87.5% (70) |
| | Essential of care § | 2.5% (2) | 10% (8) | 87.5% (70) |
| | Excellence* | 5% (4) | 10% (8) | 82.5% (66) |
| | Work health and safety | 3.75% (3) | 13.75% (11) | 82.5% (66) |
| | Infection control | 5% (4) | 12.5% (10) | 82.5% (66) |
| CS | Prioritisation and planning | 0% (0) | 3.75% (3) | 96.25% (77) |
| | Time management | 2.5% (2) | 2.5% (2) | 95% (76) |
| | Stress management as a new employee | 2.5% (2) | 8.75% (7) | 88.75% (71) |
| | Communication strategies | 5% (4) | 12.5% (10) | 82.5% (66) |
| | Conflict resolution strategies | 3.75% (3) | 7.5% (6) | 88.75% (71) |
| | How to deal with discrimination/racism/bullying | 6.25% (5) | 6.25% (5) | 87.5% (70) |
| | Network building | 2.5% (2) | 12.5% (10) | 85% (68) |
| | Introduced to other new starters | 2.5% (2) | 5% (4) | 92.5% (74) |

§ Essentials of care: a model of care.²⁵

*Excellence includes Hourly patient rounding, Bedside clinical handover, Patient care board, and Follow up phone calls.²⁵

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Based on the findings of this study, the authors are calling for improvements in addressing the inconsistency in the structure and content of the orientation programs, and the quality of supernumerary time and levels of support across facilities and even at ward level. In addition, the respondents asked for more practical and relevant information to support them through their initial transition into the workforce. Suggestions covered more information about the organisation, ways of working and coping skills. Further, some respondents described parts of the onboarding process as repetitive and unnecessary. A number of respondents were required to complete six mandatory education modules, which they had previously completed as part of their clinical placements. Respondents who previously worked in the District as enrolled nurses or as assistants in nursing prior to being employed as NGs, felt they did not need to attend another corporate orientation. However, attending orientation again as a NG may be useful as the content of the program may differ from previous orientation programs, particularly if they were located in a different facility/ward as the localised content would differ. This point is particularly relevant for respondents in rural and remote locations, who at times felt geographically isolated. NG respondents employed in small rural locations needed to attend their orientation program in a larger facility, but found the content of this orientation not particularly relevant to their smaller facilities.

The importance of a clinical mentor/preceptor and supportive manager in the transition is well established in the organisational socialisation.^{4,11,17,26} Personal support was seen as an important element of the onboarding process by NGs, who agreed that it helped them with learning coping skills such as relationship building and time/priority management skills in their initial six weeks of employment. However, at the same time, NG respondents reported that personal support, especially with availability and accessibility was not adequate at times. The provision of personal support assists the NGs' ability to learn workplace cultural norms, to build relationships with colleagues, and confidence,^{13,27} and is therefore identified as one of the key aspects that requires improvement in the current onboarding process in this District.

The findings from this study highlight an onboarding process that needs to be more tailored to the individual's needs to make it more meaningful, relevant, and engaging. It calls for a District level open discussion about sustainable and practical onboarding strategies that better meet the needs of individual NGs. Similar to findings in the study by Parker et al.,¹⁷ the need for better provision of consistent organisational information and a structured framework for an organisational onboarding process is required. An exploration of the feasibility of alternative models, such as a centralised internet based repository of relevant information for NGs that links to policy documents,

organisational information and clinical practice may be a solution to address the lack of access to information. This could be especially useful for the District which now employs more than 220 NGs annually in geographically dispersed healthcare settings. A successful onboarding process to maximise organisational socialisation of NGs will enhance job satisfaction and retention, and potentially achieve the provision of quality healthcare by an adequately skilled nursing and midwifery health workforce.

LIMITATIONS OF THE STUDY

The study focused on an investigation of a small number of NGs' and reflected the onboarding experiences following a period of three months from commencement of employment in one District only. Results of this study may not be generalisable to other health areas, states and countries. Further investigations about how the onboarding process would impact socialisation across a longer term would be useful, and how it relates to the competence of NGs' to deliver evidence-based, safe patient care.

CONCLUSION

Onboarding processes for NGs are important to provide a smooth and meaningful transition experience into health organisations and clinical practice environments to ensure a more positive experience and increase employee engagement. This is critical, especially for health services which often experience high vacancy rates. This study has been instrumental in facilitating open discussion about the level and type of organisational support required for NGs. It has also been the driver for the exploration of sustainable strategies to meet NGs' needs. Re-designing the onboarding process to make it more relevant and consistent will enhance relationship-building and employee socialisation which are imperatives when trying to meet both the NGs professional needs and those of the organisation.

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