

GloSTaRs

Gloucestershire Hospitals Staff Transition

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Aim: To improve the experience of newly qualified professionals within the trust, by creating a network ‘GloStars’, to support new starters during their transition period. Aiming to improve retention and wellbeing of staff whilst supporting their development.

Introduction

Globally, during the transition from student to newly qualified professional, individuals are reporting that they feel isolated and overwhelmed (Webster *et al.*, 2019). Research shows that newly qualified nurses (NQN) are either leaving the profession or feeling burnt out within the first three years of qualifying, highlighting the particular vulnerability of this time period. NQN are finding it increasingly harder when entering the profession with increasing workloads and expectations (Kinghorn *et al.*, 2017). When transitioning from a student to a registered professional, trusts are encouraged to support newly qualified staff through a preceptorship programme. Within GHNHSFT, for registered Nurses, this consists of a sixth month programme devised into theory and practical sessions. Following the completion of their preceptorship, Charlotte and Sophie co-founded the GloStars network, based upon their personal experiences of the transition period and research previously published. Gloucestershire Hospitals Staff Transition and Retention Support Network for Newly Qualified Professionals (GloStars), is a network created to improve support and to improve their overall experience.

Methods

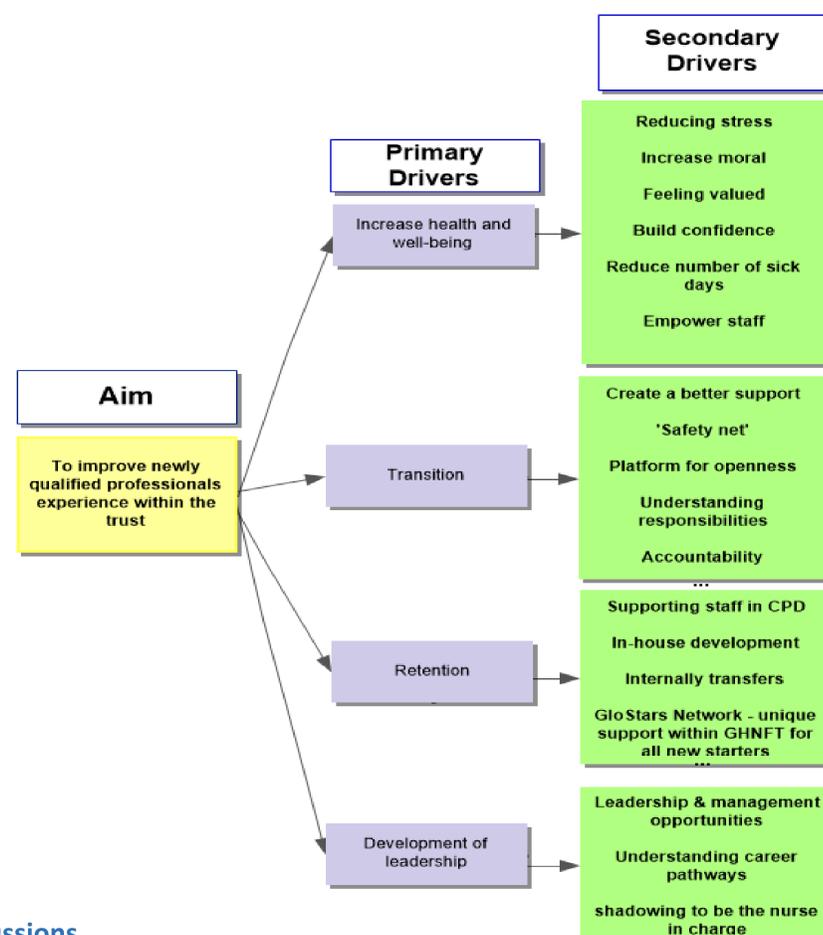
Setting an aim and purpose using SMART Goals tool, we developed a driver-diagram (Figure 1) which identified our primary and secondary drivers. Following this we selected our target group (NQN preceptor’s Sept 18) and collected pre-data from “cohort 1”. The pre-data was a mix-methods approach. We took this data alongside our driver-diagram, identifying three interventions. Prior to implementing these interventions, we used a PDSA cycle to help build a structured approach. The interventions used were as follows;

- Face to face newly qualified nurse ‘Ask me anything’ session.
- Set up a Twitter account for GloStars and host a Twitter Chat.
- Ward walks and 1-1 chats.

These were implemented to the new cohort (Cohort 2 March 19) during the 6 months of the preceptorship program. To monitor the outcomes of these interventions we chose to use a 5-point Likert scale to measure overall support during the first six months of transition. This was taken before and after the interventions

Results

Support Rating	Start of preceptorship (44 participants)	End of preceptorship (33 participants)
1 - Not supported	1	0
2 - Ok support	0	4
3 - Good support	11	18
4 - Very good support	24	8
5 - Excellent support	7	1
No rating given	1	1



Discussions

The table shows the support rating reported by participants at the start of their preceptorship, then at the end (sixth months). The data collected highlights that newly qualified nurses reported a higher support rating at the start of the preceptorship with 24 participants reporting a rating of 4 (Very good support) compared to the end of their preceptorship following the interventions with the majority reporting 3 (good support). This suggests that the newly qualified nurses feel less supported the longer they are within the trust and potentially the interventions undertaken were not what was required. It should be noted that newly qualified nurses support is also influenced at a ward level which is a variable that GloStars is unable to control. The qualitative data collected identified no individuals took part in the Twitter chat. Numerous participants asked for more advertisement and communication through emails and at a ward based level, preferring this to social media. One individual reported seeing the team during the ward walks, they also reported a 5 for support rating. Qualitative feedback from the ‘Ask me anything session’ showed a positive response but more visits or follow ups were required. This information suggests that face to face communication and ward visits had the greatest impact. However due to lack of resources and time the GloStar team were only able to visit one site on one date where it was unknown how many NQN would be working. The end data showed 11 participant unaccounted for, it is unknown if they simply did not fill the questionnaire out, if they did not attend the session or if they left the trust, which highlights the need for increased support to assist with staff retention.

GloStars ongoing plan

- Advance bookings for allocated time in the preceptorship through the program creating more consistency.
- Host a stall during preceptorship days.
- Recruit champions from the previous cohorts to help spread workload and continue the networks work.
- Improve awareness and advertisement of the network within the trust.
- Create welcome packs and pin badges for preceptees.
- More frequent ward walks on both sites.
- Create a preceptorship contact list.

References

Webster, N., Jenkins, C., Oyeboode, J., Bentham, P. and Smythe, A. (2019) Experiences of peer support for newly qualified nurses in a dedicated online group. *Journal of Advanced Nursing*. 75,7.
Kinghorn, G. R., Halcomb, E. J., Froggatt, T., and Thomas, S. D. (2017) Transition into new clinical areas of practise: An integrative review of the literature. *Journal of Clinical Nursing*. 26, 4223-4233.

