

Nurse Entry to Practice Programmes: Review of the New Zealand literature

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Copy to: Nursing Workforce Pipeline Group

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For your: Information

Purpose

1. This paper is part of the Nursing Pre-registration Pipeline Working Group strategic review of the Nurse Entry to Practice programme (NETP) before funding and commissioning transitions to Health NZ.
2. This paper presents a review of the New Zealand literature about the NETP programme and some key findings for consideration. Published and grey literature has been sourced for the review.
3. The Health and Disability sector review 2020 prioritises health equity for Māori and this lens has been applied; to look at how the NETP programme can support the growth of a more representative workforce.
4. It is important to note in August 2021, nursing workforce initiatives were put forward to the Minister of Health including a proposal to extend the NETP to include a second or third year which would allow for rotations or deferral of the postgraduate paper until the second year. The Ministry have not been invited to make a budget bid to progress this initiative.

Background and context

5. The first year of practice is a challenging time for nursing graduates as they adjust to a new role and work environment. In recognition of this, formalised new graduate programmes are recognised internationally to support and develop graduates in their transitional year. Providing appropriate supports and a safe practice and education environment during the first year of clinical practice, is essential to the current climate of critical nursing workforce shortages.
6. Following an evaluation of a pilot programme in three District Health Boards (DHBs) in 2002, establishment of Ministry of Health (the Ministry) health workforce (HW) funding for NETP programmes was instituted in partnership with District Health Boards (DHB) in 2005/06. Recruitment coordination is via the national Advanced Choice of Employment (ACE) programme introduced in 2012. All NETP programmes must be accredited by Nursing Council of New Zealand (NCNZ) and adhere to HW specifications.
7. A discussion paper for the Nursing Workforce Advisory Group (Glasgow, 2018) reviewed the literature concerning the benefits and risks of including postgraduate (PG) study as part of

transition to practice programmes. A range of options for change were proposed, as follows:

- Decrease other stressors in the first year of practice such as permanent employment, spread out assessments.
 - Decrease the FTE clinical load
 - Increase study days and/or leave to work on assignments
 - Commence PG papers later in the programme. For example: after six months of employment or in the second year of practice
 - Increase choice - offer a selection of courses or papers to include various practice settings, Māori and Pacific health, and choice of education provider
 - Increase usefulness of PG papers - enhance ability to cross credit, reduce likelihood of paper becoming irrelevant, and/or add funding to do a second paper to complete a qualification
 - Enhance positive learning experiences, further develop support strategies.
8. The key findings that emerge from the literature reviewed for this paper include those raised by Glasgow (2018) and address the wider requirements of the NETP programme. Issues specific to Māori and Pasifika new graduate nurses (NGNs) draw on supporting evidence where it is available.
 9. The components of the NETP programme outlined in the HW service specifications¹ are for DHB-level programme coordination of a maximum of two clinical placements/rotations, clinical preceptor support that includes a shared caseload for six weeks, 12 group study days, subcontracting between the DHB and any other employer, and a maximum programme length of 12 months.
 10. The NETP programme must integrate the principles of te Tiriti o Waitangi into practice to promote equity of outcomes for Māori (HW specifications, 2006).
 11. Study days may be used for a postgraduate level 7 or 8 course in programmes where it is offered. Currently fourteen North Island DHBs offer postgraduate courses (level 8) as part of their NETP programme. Nelson/Marlborough, West Coast, and Canterbury DHBs offer graduate certificate course papers (level 7). The remaining three DHBs offer 'in-house' clinical study days.
 12. Whilst postgraduate education provides graduates with an opportunity for development of skills in patient assessment and diagnostic reasoning; the merits of undertaking formal study and its impact on clinical practice and patient outcomes have yet to be fully established and is not a HW mandatory specification (Doughty et al., 2021).
 13. The following review of the literature has been grouped into 6 main themes: Support (including preceptorship); the Clinical Environment; Clinical Rotation; Retention; Academic Requirements; and the Needs of Māori and Pasifika NGNs.

¹ The service specifications are largely unchanged since the national roll-out of NETP in 2006.

Review of the literature

Literature included in the review

14. Fourteen articles and reports have been included in the review, three of which were commissioned NETP programme evaluations (Haggerty et al., 2009; Howard-Brown & McKinley, 2014; Appleton-Dyer et al., 2015). Two articles about preceptorship drew on data from a commissioned evaluation (Haggerty et al., 2012; Krawczyk, 2017). Each article title and abstract were reviewed for relevance and a decision made to include or exclude from the review. Articles published as commentary were excluded.
15. The usual practice of applying standard quality criteria for inclusion in a review were not applied. Most small student research projects or Masters theses in the grey literature would not meet these criteria. They do however present credible accounts of NGNs experiences of NETP programmes.
16. All studies use self-reported evidence; most use small sample sizes in specific areas of practice and/or are qualitative in design meaning the results cannot be generalised to all NGNs who have completed a NETP programme.
17. Two studies about NGNs in NETP programmes used a Kaupapa Māori approach and therefore concern Māori NGNs (Foxall et al., 2017; Hetaraka, 2018). No studies specific to Pasifika NGNs were located. Although there is reference to Māori and Pacific NGN participants in some of the studies reviewed, demographic data of age, sex and ethnicity was reported in only three studies; of these, findings were not reported in relation to ethnicity data.
18. Other New Zealand health workforce literature that discusses Māori student experiences of both undergraduate Bachelor of Nursing (BN) programmes and the work environment have been included in footnotes.
19. All NETP research literature included in the review is summarised and referenced in table 1 (Appendix 2). Grey literature entries are shaded grey.²

Themes

Support

20. Literature indicates that effective support mechanisms ensure a positive transition experience and is considered by NGNs to be the most important aspect of the new graduate year (Foxall et al., 2017; McDonald et al., 2009).
21. Quality preceptorship from the initial orientation and supernumerary period, including access to their preceptor throughout the programme, is highly valued by NGNs. The key benefits of preceptor support are the development of confidence and competence, and the acquisition of clinical skills. It is important, however, that the preceptor is a good match with the NGN, and they are regularly rostered on the same shifts which presents challenges in the current climate of workforce shortages (Foxall et al., 2017; Haggerty et al., 2009).

² Databases searched: Ovid MEDLINE(R), Ovid Nursing Database, Scopus, Index New Zealand, NZ Research, Google Scholar, Targeted Google Search for additional Grey Literature, MoH Library Catalogue, New Zealand National Library Catalogue. Year limitations to 2006 were applied.

22. Several studies stress the importance of the training and selection of appropriate nurses to be preceptors to NGNs. A positive preceptorship experience was found to mitigate many of the negative aspects of the NETP programme (Foxall et al., 2017; Haggerty et al., 2009; Krawczyk, 2017).
23. The experience of untrained or surrogate preceptors who step in when no one else is available to support the NGN were not always positive and reduced opportunities for learning (Foxall et al., 2017, Haggerty et al., 2009).
24. Adequate supernumerary time is perceived by NGNs to be essential for learning and becoming familiar with the environment in a pressure free environment. Different clinical areas provide varying lengths of supernumerary time due to high patient acuity and staff shortages (Foxall et al., 2017; Haggerty et al., 2009).
25. During times of high patient acuity, NGN knowledge and skills are quickly exceeded. Often, they are given significant responsibility without adequate support due to staff shortages which leads to NGNs feeling overwhelmed (Foxall et al., 2017, Howard-Brown & McKinley, 2014).
26. Haggerty et al. (2009) reported that paid time away from the clinical area with the preceptor for facilitated reflection was of great benefit to NGNs. Some used the 16 hours of available development time in two-hour periods for reflection and to work with their preceptor on individual learning needs.
27. The HW service specifications require that cultural support resources are available to NGNs. Haggerty et al. (2009) notes that cultural support was not often used by NGNs or thought to be anything additional or a special requirement of the NETP programme.
28. In contrast, Heteraka (2018) reports that access to mentorship, Kaupapa Māori supervision, and Māori role models is central to establishing and affirming Māori NGN dual competence in nursing and Te Ao Māori.
29. There was no Pacific NGN research literature related to preceptorship.
30. The Ministry evaluation of the ARC NETP pilot programme found that DHBs made little change to the NETP programme that was specific to the ARC setting. Recommendations included the need for a strengthened preceptorship model; that excludes line managers as the designated preceptor (Howard-Brown & McKinley, 2014).

Clinical Environment

31. A non-judgemental clinical environment was an important aspect of general support that is useful to NGNs (Foxall et al., 2017). Nurse managers have a leadership role in setting the tone and culture of support in clinical areas and to be a positive role model for staff and NGNs (Haggerty et al., 2009).
32. McDonald et al. (2009) and Doughty et al. (2018) report some insights into the perceptions and experiences of NGNs. These included challenges associated with time management, role adjustment and work/life balance. As such, positive supportive clinical environments build NGNs confidence and competence, and develops their autonomy and independence.
33. A graduate-friendly clinical environment with access to competent role models is highly valued by NGNs (McDonald et al., 2009). The Dedicated Education Unit (DEU) for NGNs at Christchurch Hospital is an example of such an environment where the model fosters a learning environment that is supported by two key roles: academic nurse liaison and clinical

nurse liaison. These positions are resourced in partnership with tertiary education providers and the DHB and provide support to NGNs career pathway (Jamieson, 2017).

34. Doughty et al. (2018) report that NGN participants did not always feel valued in their clinical environment. Being a new graduate could have negative connotations particular in a ward environment impacted by staffing shortages and low morale. Some NGNs reported experiences of bullying. Ethnicity is not reported by these authors, but a survey of undergraduate nursing students' experiences of bullying in clinical settings³ reported close to 60 percent of students had observed other students being bullied.
35. Foxall et al. (2017) reported a sub-theme of Māori NGNs being "singled out" as Māori and the interplay of race and racism. Experiences were described as isolating particularly in the context of systemic racism influencing the health status of Māori. The application of whanaungatanga (connectedness) and tikanga (Māori practices and protocols) were lacking in both clinical practice and collegial support.

Clinical Rotation

36. The HW service specifications for the NETP programme provide for a maximum of two clinical placements or rotations within the duration of the 12-month programme. DHBs have responded in different ways to rotation management. The NETP evaluation by Haggerty et al. (2009) reported that NGNs who did not rotate to another clinical area during the NETP programme believed they consolidated their competence and confidence as a novice RN in one specialty.
37. In contrast, those who experienced two rotations maintained they were more adaptable, had a greater breadth of experience, and a transferable knowledge and skill set. However, rotation during the programme tended to increase anxiety and reduced a sense of belonging to the team (Haggerty et al., 2009).
38. Rotation to other clinical areas were recommended in the ARC evaluation. Howard-Brown and McKinlay (2014) suggested permanent employment of NGNs in ARC would improve retention if they were offered a two-year programme with two clinical placements in two different settings. Example rotations could be to another ARC, the DHB, or to PHC.

Retention

39. **DHB:** Most NGNs who successfully complete the NETP programme continue as a second year RN in their DHB. While some may move to another DHB they tend to remain in the New Zealand health workforce (Haggerty et al., 2009). A DEU for NGNs at Canterbury DHB reported an increase in NGNs wanting a permanent position in the unit to continue as preceptors to undergraduate nursing students (Jamieson, 2017).
40. **PHC:** The evaluation of the graduate nurse employment scheme in Very Low-Cost Access [VCLA] primary care practices (Appleton-Dyer et al., 2015) noted a high rate of NGN retention with 35 of the 45 participating practices continuing to employ their NGN beyond the year funded by the scheme. These practices had invested considerable effort into training the NGN to be part of their team. Lack of ongoing funding and capacity were reasons given to end the NGNs employment, along with poor NGN fit (n=1), or intention to

³ Minton, C., Birks, M., Cant, R., & Budden, L. M. (2018). New Zealand nursing students' experience of bullying/harassment while on clinical placement: A cross-sectional survey. *Collegian (Royal College of Nursing, Australia)*, 25(6), 583–589. <https://doi.org/10.1016/j.colegn.2018.06.003>

work elsewhere (n=3). The remaining NGNs stayed in primary care but were employed in other practices, or in the PHO.

41. **ARC:** The evaluation of the ARC NETP programme pilot reported an NGN retention rate of 64 percent. Most NGNs who remained in employment in ARC indicated they would be seeking alternative employment within the next 6-12 months in a bid to broaden their experience by working in a medical or surgical public hospital setting. The authors of the evaluation observed that the retention of NGNs in ARC following the first year of clinical practice may always be a challenge, particularly if those entering do not see aged care as their long-term choice of practice setting (Howard-Brown & McKinley, 2014).

Academic Requirements

42. Several studies report that a PG course contributes to improved NGN knowledge, confidence, diagnostic reasoning, critical thinking, and skills (Doughty et al., 2018; Doughty et al., 2021; Glasglow, 2018; Haggerty et al., 2009; McKillop et al., 2016; McDermott, 2017; McDonald et al., 2009).
43. Doughty et al. (2021) were able to attribute statistically significant improvement in NGN knowledge, explanation of practice, and diagnostic reasoning to completion of a PG course. Those NGNs who had not undertaken formal study had a significantly higher score on the “regard for future study” factor than the PG course group. A possible explanation for this may also be that some NGNs were not offered PG courses depending on DHB of employment. This raises an equity issue that not all NGNs have access to equal educational opportunities in their first year of practice.
44. Positive experiences of PG education led to a desire to complete further qualifications and retention in nursing (Haggerty et al., 2009; McDermott, 2017).
45. The workload associated with PG study in the first year of practice was often experienced by NGNs as extremely demanding, stressful, exhausting, overwhelming, and took the focus away from clinical learning (Doughty et al., 2018; Foxall et al., 2017; Glasglow, 2018; Howard-Brown & McKinlay, 2014; McDermott, 2017; McDonald et al., 2009).
46. Further, there is evidence that the workload of the NETP programme is substantial with or without a PG course (Foxall et al., 2017; McDonald et al., 2009; McKillop et al., 2016; Doughty et al., 2018; McDermott, 2017). Those who undertake a DHB NETP programme that has “in-house” study days (no PG papers) do not receive academic recognition for multiple assessments completed as evidence for competent practice (Haggerty et al., 2009).
47. The level of study and relevance of a PG course is variable across NETP programmes. Research by Haggerty et al., 2009; McDermott, 2017; and McDonald et al., 2009 found some content lacked practical application, was DHB-centric, and needed to be tailored to the NGNs context, particularly for ARC and PHC. Haggerty et al. (2009) strongly recommended the standard inclusion of a NZQA level 8 qualification in the NETP framework.

48. **Table 1: Examples of NETP postgraduate course variation:**

Currently fourteen of the 20 DHBs offer postgraduate (level 8) courses as part of their NETP programme.
All DHBs in the North Island except for Bay of Plenty (as of 2022) and MidCentral offer PG NETP papers
Nelson/Marlborough, West Coast and Canterbury DHBs offer level 7 graduate certificate course papers in clinical assessment
Ara Institute of Canterbury offers NGNs a choice from a range of level 7 specialty courses (10 points) that can contribute to a graduate certificate or graduate diploma in nursing.
Victoria University of Wellington offers a level 8 course (30-points) that is specifically designed for NGNs in the NETP programme. This course articulates with a PG certificate, diploma, and Masters qualifications, but not with those that lead to authorised prescribing as a designated RN prescriber, or as a Nurse Practitioner (NP).
The University of Auckland offers NGNs a level 8 course (30-points) designed for development of clinical assessment knowledge and skills. This course is the first of four courses required to meet the educational requirements with the NCNZ for registration as a designated RN prescriber. These courses then contribute to a Master of Nursing and NP registration.

49. McDermott (2017) reported that many NGNs valued the opportunity to do a PG course, but others reported it was “not the best time” in terms of personal readiness especially when they had other roles and commitments outside of work. NGNs feedback in MacDonald et al. (2009) research reported that many graduates were well prepared for PG education academically, but less prepared practically as new RNs.
50. There is evidence that NGNs want to choose whether they undertake a PG course or not in their NETP programme (Haggerty et al., 2009). The choice should extend to when in their career they study, what courses they study, and with which education provider (McDermott, 2017; McDonald et al., 2009).
51. PG students who want to progress beyond a PG diploma qualification (to a masters-level degree) must have a B grade-point average (GPA) and a B+ GPA for entry to a PhD. Appendix 1 illustrates the academic pathways and GPA required for progression at the University of Auckland. These are typical requirements for all NZ universities.
52. NGNs in the NETP programme who pass their PG course with a C or C minus grade are unlikely to improve their GPA to enable progression into a Masters degree, thus limiting further advancement of their practice and career aspirations. For example, if a student attained a C grade in the NETP programme PG course they would need B+ grades in their next 3 courses to reach the required GPA for entry to a Masters degree.

The Needs of Māori NGNs

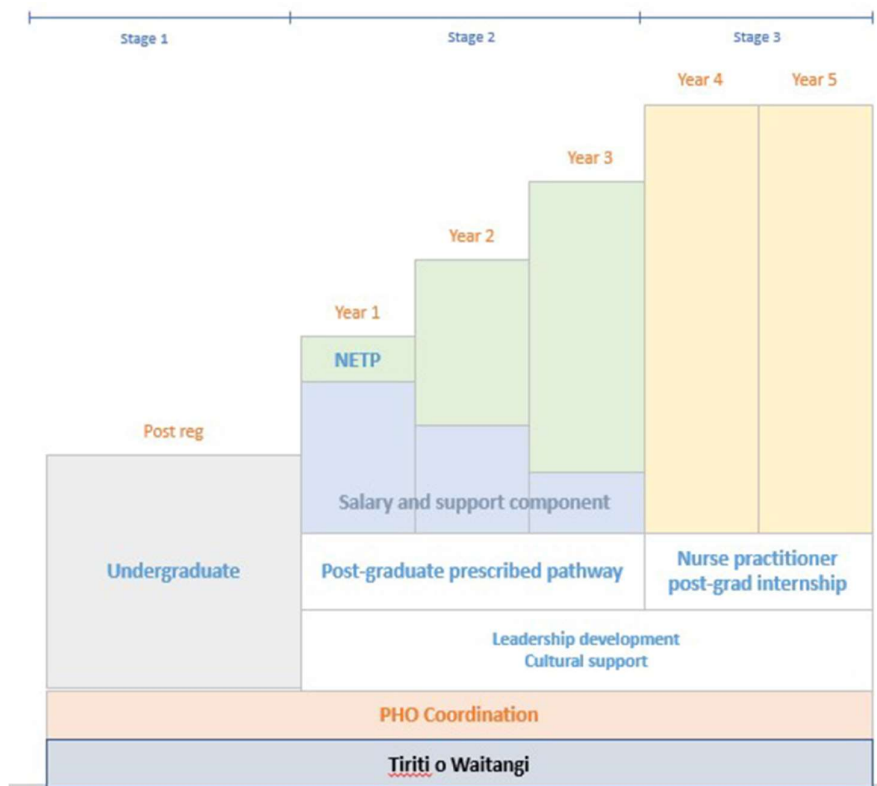
53. The needs of Māori NGNs during the NETP programme are addressed specifically by Foxall et al. (2017) and Hetaraka (2018), although neither focus on the PG course associated with the programme other than to reiterate the pressure of study in the first year of practice. Equally, that staff shortages resulted in heavy workloads and significant responsibility without adequate support.

54. Socialisation and networking with other Māori are identified as a strong component of support needed during the graduate programme (Foxall et al. 2017; Heteraka, 2018). Stress and anxiety faced by new graduates can be mitigated by participation in peer support groups (Haggerty et al., 200).
55. Radbron, Douglas & Atherfold (2021) discuss the importance of professional development of Māori nurses that prepares and facilitates practice environments that enable authentic ways of being, reflecting authentic identity and connections.⁴ On employment, Māori NGNs transitioning to the registered nurse role must receive in-practice and on-practice support from Māori educators to reflect and continue the development of 'self' as a Māori nurse (or other health professional) rather than a nurse who happens to be Māori.
56. Heteraka (2018) expands on these success factors for Māori NGNs to include clinical environments that value dual competence and support Māori 'being Māori' in the workplace.
57. Wilson et al. (2011) describe enabling success factors for Māori undergraduate students and stress the importance of maintaining indigenous identity, access to indigenous nurses as role models, indigenous content in curricula, interactive and flexible learning approaches, and Māori nursing networks.
58. Factors identified by Wilson et al. (2011) and Barton and Wilson (2021) in undergraduate education are relevant also to PG study during the NETP programme⁵ ⁶ These include the significant correlation between Māori student nurses who had to travel to study with difficulty accessing faculty, whanau commitments and finding suitable and affordable childcare, unsuitable teaching and learning approaches, unsupportive and culturally unsafe learning environments, and not being able to access Māori role models and mentors.
59. Some participants in MacDonald et al. (2009) evaluation noted that graduates support networks were also under stress during the NETP programme: families/whānau had already supported them for three or more years as undergraduate students.
60. Heteraka (2018) proposed a model that would increase the number of Māori graduates into primary care (Figure 1). The model involved recruiting local Māori NGNs in their final undergraduate year, especially those who understand their local population and have a preference to work in the community. Early introduction to a potential employer better supported the NGN into the workplace and was also beneficial to the employer.
61. The importance of pre-transition clinical placements and the significant link between pre-transition and employment is also supported widely in literature (Foxall, et al., 2017; Haggerty et al., 2013).

⁴ Radbron, E., Douglas, C., & Atherfold, C. (2021). Theorising practice development. In: *International Practice Development in Health and Social Care, 2nd Edition*. (eds. K Manley et al.), 118-130. Oxford: John Wiley & Sons Ltd.

⁵ Wilson, D., McKinney, C., & Rapata-Hanning, M. (2011). Retention of Indigenous nursing students in New Zealand: A cross-sectional survey. *Contemporary Nurse*, 38(1/2), 59-75. doi:10.5172/conu.2011.38.1-2.59

⁶ Barton, P., & Wilson, D. (2021). The experiences of Māori nurse educators in undergraduate nursing programmes and the impact on recruitment and retention: Report to Ngā Manukura o Āpōpō.



62. Figure 1: Proposed model for best practice for recruitment and retention of Māori NGNs (Heteraka, 2018)⁷

63. The provision of support in such a model would be two to three years rather than the current one-year NETP programme to enable continued professional development support that is better aligned to advanced practice roles. The model also emphasised the need for Māori nurse leadership development for NGNs early in their Registered Nurse career (Heteraka, 2018).
64. The proposed model seeks to strengthen Māori communities through increased numbers of [clinically advanced] Māori nurses, and the potential economic, health, and empowerment benefits that this would enable (Heteraka, 2018).
65. Māori nurses are eligible to apply for Ngā Manukura o Āpōpō⁸ which offers a marae-based kaupapa Māori leadership development programme to aspiring and established Maori clinical leaders in nursing and midwifery. This foundation training consists of four 2-day noho marae over a 4-month period. Bay of Plenty DHB are piloting the programme in 2022 for Māori NGNs.
66. This is the only Māori nursing post-registration programme available in Aotearoa New Zealand, which has been administered over the last 10 years. The evaluation reports

⁷ The model has three phases, as demonstrated in Figure 1. Stage one supports undergraduates in Year 2 and 3 of the Bachelor of Nursing degree, helping them to gain pre-transition clinical placements in primary health care settings. Stage two would support the recruitment and development of Māori nurses in primary care settings through the important transition from undergraduate to graduate, and via the NETP programme. Māori and nursing leadership development would also commence in stage two. An extended internship proposed in this model would support graduates in their first three years of practice and beyond, with a focus on clinical, leadership, and cultural development. Stage three would extend the leadership development pathways described above and focus on addressing the structural changes required for sustainable transformation.

⁸ <https://ngamanukura.nz/2021-foundation-leadership-training>

strengthen that Māori specific leadership programmes are significantly valuable for Māori RN practice development through the consistently high positive feedback.

67. Ngā Manukura o Āpōpō learning framework includes:
- leadership and governance inclusive of Māori models
 - cultural competency / confidence
 - leading a change management/quality improvement project to completion
 - leadership tools including managing conflict, building teams, coaching and communication
 - career planning and whānau.

Pacifika NGNs

68. No studies were located that addressed the experience of Pacifika NGNs in the NETP programme.
69. Pacifika RNs are eligible to apply for entry into the ANIVA programme after 3 years of practice. The programme has been evaluated and reported that resolving one's identity as a Pacifika nurse appears to be critical to the success of a nurse:

The nursing qualifications (ANIVA PG Certificate in Specialty Practice: Pacific Health) enable learners to make the transition from a developing sense of their own professional practice to its application in a systematic way, and prepare them for higher level postgraduate learning and research (Hau'alofa'ia Koloto, A., 2017).⁹

70. The data on Pacific NGNs progression to a PG Diploma and Masters degree is not readily available. According to the Aniva student experience report (2017) during the period 2012 to 2016, 119 nurses and midwives completed the PG Certificate (Pacific Health) qualification. Thirty-four of these had also completed the PG Diploma in 2015 and 2016, and three out of the 15 that started the Masters degree in 2016 had graduated. These findings indicate the positive impact of the Aniva Programme on participants' personal development in their Pacific and ethnic identities, and enhanced knowledge, skills, and abilities to deliver evidence-based health care practice to Pacific peoples.

Key Findings

Supporting transition to practice:

71. There is a dearth of current literature available in Aotearoa New Zealand that examines the nature of the support and education that best prepares NGNs for practice readiness, clinical competence and future leadership roles as well as avoiding attrition and burn out. This includes measuring the impact of postgraduate study for Māori, Pacifika, and non-Māori NGNs.
72. The findings highlight a need for transformative learning in which NGNs grow as critical thinkers and knowledge workers while also continuing to develop essential technical

⁹ Hau'alofa'ia Koloto, A. (2017). *Aniva student experience report*. Retrieved from <https://www.pacificperspectives.co.nz/publications>

knowledge and practice skills. It is both a challenge and an essential goal to integrate these skills into undergraduate nursing education and foster in the transition to the nursing workforce.

73. The findings inform the need for robust support structures and cultural development for graduate nurses in the first year of practice. This includes an urgent need for a strengthened preceptorship model and protected orientation and supernumerary time particularly given the current nursing workforce shortage.
74. Further, the evidence highlights the importance of organised peer support, mentorship and coaching that is inclusive of debriefing and/or protected reflection time to enable enhanced critical thinking skills. Māori NGNs value access to whānau rōpū support structures, Kaupapa Māori supervision, clinical role models and leaders. Similarly, early networking opportunities for Pacifica NGNs enhances professional and cultural development.

Professional development of NGNs

75. Availability of NGN workforce data and information such as the retention of NETP graduates in practice beyond the first year of employment and the uptake and progression of postgraduate study is urgently needed to underpin workforce planning.
76. DHBs and other health providers are powerfully influential in determining the nature of professional development of NGNs in their employ. The expectations they have of the role of teaching and learning in graduate workforce development are fundamental to the nature of what is supported in the national redesign of NETP.
77. An important finding is the national variation and inequity that exists for NGNs accessing PG level study in NETP programmes that is directly related to DHB of employment.
78. There is strong evidence that supports that postgraduate study enhances the NGNs knowledge, confidence, diagnostic reasoning, and critical thinking skills. Concurrently, the evidence acknowledges that the transition from undergraduate nursing student to graduate RN encompasses a substantial workload without the inclusion of a PG paper. NGNs qualitative experiences of first year of practice are most described as demanding and stressful particularly with the pressure to study.
79. A key finding in the literature is the potential for NGNs to have the choice to study in their first year of practice, specifically regarding timing of a funded PG paper. For example: to delay PG study until 6 months into employment or commence in the second year of practice.
80. Consideration of the NETP workload that is inclusive of a PG paper in the first year of practice needs to ensure that NGNs are not disadvantaged by C or C minus grades that has the potential to limit a student's ability to gain the required GPA for entry to a Masters degree.

Clinical Rotations

81. There is little evidence available in the New Zealand context for clinical rotation management of NGNs. Although current HW specifications are inclusive of clinical rotation as an employer option in the first year of practice, it is not widely evidenced in the reviewed literature or current DHB NETP programmes in New Zealand.
82. A recommendation of a previous pilot of ARC NETP and PHC NETP programmes is to extend the NETP programme to include a second or third year which would allow for rotations and flexibility for commencing specialty PG papers. This would require sustainable ring-fenced HW funding as a nursing workforce strategy.
83. Further, an ARC and PHC NETP has merit to respond to critical workforce shortages in the medium to long-term, however, lasting sustainable change requires other strategies to be implemented alongside it. The most important of these is pay parity with DHB nurses. For example: care and support workers' pay equity settlement agreement in 2017 has increased their pay so that Level 4 caregivers now earn more than the entry level pay for graduate RNs. Further, nursing staffing issues in ARC have been identified over the past decade and been exacerbated by the DHB MECA settlement in 2018 that has increased the disparity in pay drawing RNs to DHB employment. The gap has widened with the 2021 MECA for DHB nurses and may be further increased by the nurses pay equity settlement for DHB nurses that is expected to be reached sometime in early 2022.¹⁰

Māori and Pacific NGNs

84. The HW service specifications require NETP programmes to integrate the principles of te Tiriti o Waitangi into practice and promote equity outcomes for Māori NGNs. Efforts to achieve health equity for Māori must include a culturally responsive effort to support successful NGNs transition to practice and grow the diversity of the workforce.
85. A redesign of NETP must be fully informed by consistent and quality input from Māori and Pacific nurses about their perspectives and aspirations for workforce development and policy (Baker, 2009¹¹; Chalmers, 2020¹²; Foxall, 2013¹³; Ratima et al., 2007¹⁴; Waitangi Tribunal, 2019¹⁵; Zambas et al., 2020¹⁶).

¹⁰ Note that ARC employers pay nurses at different rates, with a small minority paying the same as DHBs.

¹¹ Baker, M. (2009). Developing the Māori nursing and midwifery workforce. *Kaitiaki Nursing New Zealand*, 15(2), 28.

¹² Chalmers, L. (2020). Responding to the State of the World's Nursing 2020 report in Aotearoa New Zealand: Aligning the nursing workforce to universal health coverage and health equity. *Nursing Praxis*, 36(2), 7-19. doi:10.36951/27034542.2020.007

¹³ Foxall, D. (2013). Barriers in the education of indigenous nursing students: A literature review. *Nursing Praxis in New Zealand*, 29(3), 33-39.

¹⁴ Ratima, M., Brown, R., Garrett, N., Wikaire, E., Ngawati, R., Aspen, C., Potaka, U. (2007). Rauringa Raupa: The recruitment and retention of Māori in the health and disability workforce. Retrieved from https://www.health.govt.nz/system/files/documents/publications/Māori_health_workforce_110708low_with_cover.pdf

¹⁵ Waitangi Tribunal. (2019). Hauora: report on stage one of the health services and outcomes kaupapa Inquiry. WAI 2575. Retrieved from Wellington, New Zealand: <https://www.waitangitribunal.govt.nz/inquiries/kaupapainquiries/health-services-and-outcomes-inquiry/>

¹⁶ Zambas, S.I., Dutch, S., & Gerrard, D. (2020). Factors influencing Māori student nurse retention and success: An integrative literature review. *Nurse Education Today* 91:104477. doi: 10.1016/j.nedt.2020.104477. Epub ahead of print. PMID: 32516690.

86. The Māori student experiences of undergraduate nursing programmes in Aotearoa New Zealand is well documented,^{17,18,19,20,21} as is that for Pasifika students.^{22,23,24} The barriers experienced by Māori and Pasifika students in these programmes do not cease on graduation. Rather, similar structural, systems, organisational, and individual determinants continue to impact NGNs within the clinical environments where they are employed, and in postgraduate education settings.^{25,26,27}
87. Efforts to increase Māori NGN success and retention in the nursing workforce need to account for the ways in which mātauranga Māori (knowledge and practices) shapes the NETP programme learning framework. Graduate career pathways are needed that align with Māori career aspirations and the desire to make a difference in Māori health outcomes. For example: targeted Māori workforce development programmes.
88. A key finding is the need for targeted Pacific NETP research and nursing consultation to inform the redesign of NETP. Specific programmes such as the Aniva contributes to the Ministry's overall strategy to increase the Pacific health and disability workforce by ensuring we have the right Pacific people with the right skills in the right place. It is well-suited for the development of Pacific nursing graduates, Pacific nursing leadership, and for developing a more culturally competent Pacific nursing workforce. Early engagement in Pacific nursing networks is reported as a key outcome of the programme.

¹⁷ Gray, N. (2020). Privileging Mātauranga Māori in nursing education: Experiences of Māori student nurses learning within an indigenous university. Unpublished Masters thesis, University of Auckland.

¹⁸ Barton, P. (2021). *The Māori nursing workforce: Strategies for improving the recruitment of Māori into nursing*. Unpublished literature review.

¹⁹ Barton, P., & Wilson, D. (2021). *The experiences of Māori nurse educators in undergraduate nursing programmes and the impact on recruitment and retention: Report to Ngā Manukura o Āpōpō*. Unpublished.

²⁰ Wilson, D., McKinney, C., & Rapata-Hanning, M. (2011). Retention of Indigenous nursing students in New Zealand: A cross-sectional survey. *Contemporary Nurse*, 38(1/2), 59–75. <https://doi.org/10.5172/conu.2011.38.1-2.59>

²¹ Zambas, S., Dutch, S., & Gerrard, D. (2020). Factors influencing Māori student nurse retention and success: An integrative literature review. *Nurse Education Today*, 91, 104477–104477. <https://doi.org/10.1016/j.nedt.2020.104477>

²² Wikaire, E., Curtis, E., Cormack, D., Jiang, Y., McMillan, L., Loto, R., & Reid, P. (2016). Patterns of privilege: A total cohort analysis of admission and academic outcomes for Māori, Pacific and non-Māori non-Pacific health professional students. *BMC Medical Education*, 16(1), 262–262. <https://doi.org/10.1186/s12909-016-0782-2>

²³ Tuitaue, S. (2018). *Becoming a Pasifika registered nurse: Reflections of their student nurse experiences in Aotearoa New Zealand*. Unpublished Masters thesis, University of Canterbury. Retrieved from:

<https://ir.canterbury.ac.nz/bitstream/handle/10092/16011/Tuitaue.%20Suli%20Master's%20Thesis.pdf?isAllowed=y&sequence=1>

²⁴ Wikaire, E. (2015). *Data speaks: Predictors of success in tertiary education health study for Māori and Pacific students*. Unpublished Masters thesis, University of Auckland.

²⁵ Hunter, K., & Cook, C. (2020). Cultural and clinical practice realities of Māori nurses in Aotearoa New Zealand: The emotional labour of Indigenous nurses. *Nursing Praxis in New Zealand*, 36(3), 7–23. <https://doi.org/10.36951/27034542.2020.011>

²⁶ Huria, T., Cuddy, J., Lacey, C., & Pitama, S. (2014). Working with racism: A qualitative study of the perspectives of Māori (Indigenous peoples of Aotearoa New Zealand) registered nurses on a global phenomenon. *Journal of Transcultural Nursing*, 25(4), 364–372. <https://doi.org/10.1177/1043659614523991>

²⁷ Walker, L., Clendon, J., Manson, L., & Nuku, K. (2016). Nga Reanga o nga Tapuhi: Generations of Maori nurses. *AlterNative: an International Journal of Indigenous Peoples*, 12(4), 356–368. <https://doi.org/10.20507/AlterNative.2016.12.4.2>

Next Steps

89. Consult the National NETP Committee, DHB DEUs, Nurse Leaders and NGNs to gain feedback on the redesign of the NETP programme that prioritises equity outcomes in the graduate workforce and is reflective of te Tiriti o Waitangi principles and obligations:
 - I. Investigate the feasibility and implications of NGNs having the choice of when to commence postgraduate study. Potential approaches are to delay PG papers until after 6 months of employment and/or a compulsory specification in the second year of practice as a retention strategy or a voluntary bonding scheme as a commitment to employment.
 - II. Urgently seek Māori and Pasifika NGN lived experiences across Aotearoa NZ to inform planning of the NETP redesign.
 - III. A redesign of NETP must ensure there is equitable access to postgraduate study for all NGNs regardless of place of employment. Consideration needs to be given to increasing the focus on career pathways for new nurses such as ARC, acute care settings, PHC, mental health, Māori and Pacific health.
 - IV. Review the content of NETP PG courses available to graduates and their fit into established academic pathways for advanced nursing roles [RN prescribing, Nurse Practitioner]. Consider adopting national consistency with the level of study for NGN postgraduate study: level 7 or level 8, not both.
 - V. Recommend cultural support specifically designed with Māori Nurses for mentorship, preceptorship, and cultural development of Māori graduates
 - VI. Recommend cultural support specifically designed with Pacific Nurses for mentorship, preceptorship, and cultural development of Pacific graduates

90. Work with HW and NCNZ to update the NETP service specifications (2006):
 - I. work with NCNZ, Technical Advisory Services (TAS) and DHBs to improve visibility of NETP data that is inclusive of ethnicity, places of employment and clinical specialty, retention rates, uptake, and completion of PG courses.
 - II. an independent and systematic approach to the evaluation of a re-visioned NETP programme needs to be built into the funding required to support the programme. Māori and Pasifika NGN experiences should be an explicit focus of the evaluation strategy.
 - III. specifications are inclusive and responsive to promotion of equity in the new graduate nursing workforce. This should include outcome measures that highlight improvements undertaken to improve the quality of the NETP learning environment (preceptorship, supernumerary time, workload, peer support).
 - IV. Specifications adopt a national set of indicators that measure and report employers meeting their te Tiriti o Waitangi obligations.

91. Investigate what impact an extension of the NETP programme [2 or 3 years] with rotations to different clinical settings would have on broadening clinical competence, and confidence, and staffing levels:
 - I. Consideration of two rotational clinical placements in alternative aspects of practice, which include community, primary health, mental health, and acute care settings
 - II. Understand the resource required to fund an extension to the NETP programme and implications for employment within the MECA agreement
92. Secure sustainable long-term Nursing Accord funding to develop a model for NETP ARC and NETP PHC programmes as a strategy to grow the capacity of the workforce. Consideration needs to be given whether these programmes are funded at a higher rate and inclusive of rotations, as well as PG specialty papers.
93. A joint workforce committee between DHB, ARC and PHC providers should be established to guide the design of this work and would require funding resource to ensure viability.
94. Intersectoral collaboration must occur in the education and employment of nurses:
 - i. An urgent need to make lasting sustainable change for growing the nursing workforce in Aotearoa New Zealand is pay parity with DHB nurses to attract and retain nurses across the sector.
 - ii. Schools of Nursing and Ministries of Health and Education give consideration as to the role undergraduate nursing programmes play in promoting Registered Nurse career pathways and early employer engagement for NGNs. For example: Aged Residential Care; Primary Health Care; Mental Health, Māori, Iwi & Pacific Health.
 - iii. Review Māori data sovereignty with Tertiary Education Commission (TEC), NCNZ, and national ACE recruitment process. Improve the visibility of Māori NGNs whakapapa affiliations and how that might be factored into medium to long-term employment planning.
 - iv. Work with the Ministries of Health, Education and Social Development for intersectoral collaboration to introduce targeted funding initiatives to attract and retain Māori and Pacifica graduate nurses into career pathways that prioritise growing ethnic concordance in the workforce. For example: Māori NGNs have an option of Kaupapa Māori professional development programmes such as Ngā Manukura o Āpōpō. Pacifica NGNs have an option to participate in culturally specific professional development programmes. For example: Aniva.

Ends

Appendix one:

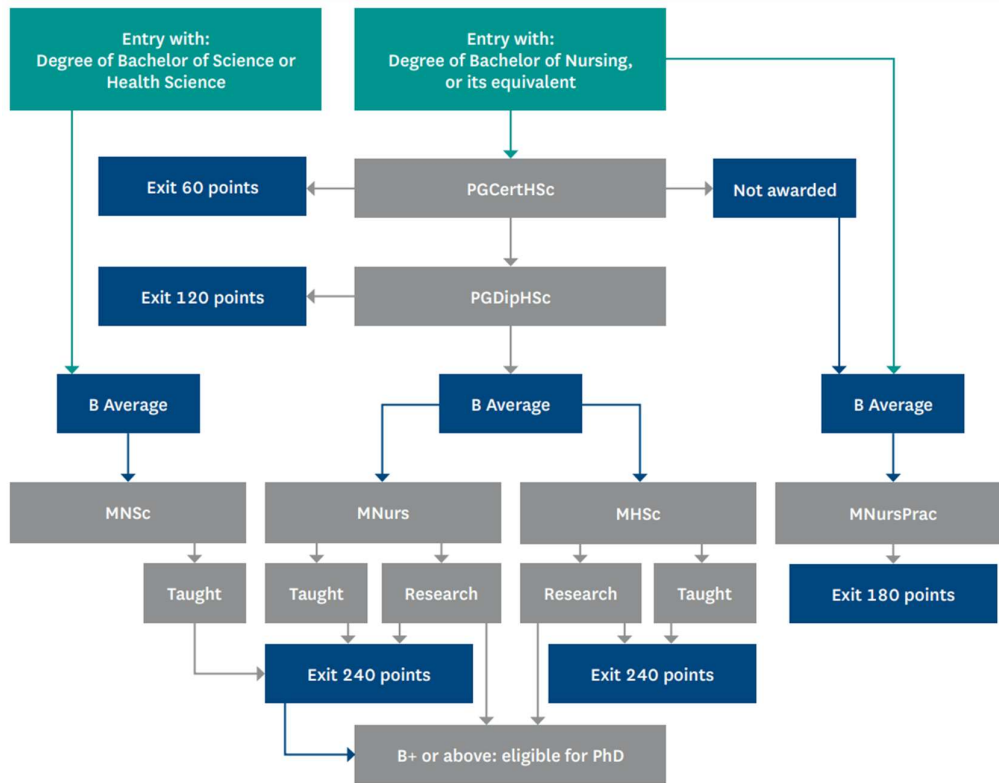


Figure 1: From University of Auckland PG handbook 2021

Appendix two: Summary tables of literature included in the review

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
1	McDonald Willis Fourie Hedgecock ²⁸	2009	DHB x1	Explore NG experiences of PG education within NETP	Survey	N = 40	Workload extremely demanding. Courses needed more practical application. Support for study from ward areas lacking. Flexibility needed re. extensions. Choice needed to study or not. Prefer to start later in first year. Most felt skills had improved. Family challenges – had already supported NG through UG degree. Completion of study linked to ongoing employment.	Small sample in one DHB. Demographic data not reported.	First NETP to offer x2 PG courses as part of the programme (2006). Researcher conflict of interest.
2	McKillop Doughty Atherfold Shaw ²⁹	2016		To explore the perceived impact of PG study for early career nurses in one regional health area.	Descriptive mixed method - Online survey (Likert) & focus groups	N = 122 (3 cohorts of NGNs) N = 14 (preceptors) X3 FGs: x2 NGNs; x1 preceptors		Demographic data not reported. x24 NGNs employed in community settings participated in the study	Researcher conflict of interest.
3	Foxall Forrest Meyer ³⁰	2017	DHBs x2	Experience of Māori NGNs of NETP	Kaupapa Māori approach. Interviews	N = 6	Themes within the work environment: Significance of Māori identity, workload, study, and support. Before NETP theme: Lack of confidence, low self-esteem; post NETP: personal growth. Issues – being the only Māori; expectation to ignore tikanga with Māori patients. Overwhelming workload due to study, work, and whanau; not supernumerary time as expected; premature responsibility for ward; variable quality of preceptorship; importance of peer and cultural support;	Small sample. Māori NGNs.	Masters thesis. Move PG study to year 2: “It’s too full-on learning to be a registered nurse with all that entails without the stress and workload.” Expected to do extra shifts. Māori RNs are important role models for other Māori considering nursing as a career and for mentorship.

²⁸ McDonald, S. (2009). Graduate nurses' experience of postgraduate education within a nursing entry to practice programme. *Nursing praxis in New Zealand*, 25(3), 17-26.

²⁹ McKillop, Doughty, L., Atherfold, C., & Shaw, K. (2016). Reaching their potential: Perceived impact of a collaborative academic-clinical partnership programme for early career nurses in New Zealand. *Nurse Education Today*, 36, 145–151. <https://doi.org/10.1016/j.nedt.2015.09.005>

³⁰ Foxall, D., Forrest, R., & Meyer, S. (2017). Maori nurses' experiences of the nursing entry to practice transition programme. *AlterNative: an International Journal of Indigenous Peoples*, 13(4), 246–255. <https://doi.org/10.1177/1177180117729853>

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
							promise of support from management; bullying.		
4	McDermott ³¹	2017	NETP offered by DHBs	Explore NGN experiences of PG study within NETP programme	Online survey 2013-16	N = 205	<p>Themes: <i>Not the best time</i> – could have waited until 2nd year; impact of other roles outside work, stress, exhaustion, anxiety, overwhelmed, took focus away from clinical learning, yet proud to have done it.</p> <p><i>Ir/relevance of content</i> - a generalist paper, should not be dictated by employer, repetitive of UG content, assessment paper highly relevant to acute settings, less relevant/translation to non-acute (e.g., OT).</p> <p><i>Impact on improving practice</i> - positive PG experience led to desire for further study, increased confidence, and critical thinking, decreased confidence if content irrelevant,</p>	N = 28 (14%) Māori participants; n = 3 Pasifika Some NESP responders	<p>Need for choice of what, when, and where NGNs study. 38% would not have chosen PG study in NETP year; 38% thought PG study had no impact on their competence to practice.</p> <p>NGNs should choose/determine their own PG education pathway.</p> <p>Travel to attend class exhausting.</p> <p><i>“There would be written assignments regardless and so why not do assignments that count towards a postgraduate certificate or diploma?”</i></p> <p>Recommendations:</p> <ul style="list-style-type: none"> *Offer NETP nurses a choice of both PG paper and learning establishment. *Standardise NETP study. *Move the funded paper to the following year and have none in the NETP year.
5	Jamieson ³²	2017	CDHB	To explore the utilisation of a Dedicated Education Unit model of clinical	Qualitative exploratory case study approach	Canterbury DEU (the case).	<p>Support: peer support, organisational support, Liaison nurse support, team support for GRNs, and team support for staff.</p>	Demographic data not reported.	Expand DEUs for NGs in DHBs, PHC and ARC

³¹ McDermott, M. (2017). *Do NETP nurses in New Zealand find value in completing a postgraduate paper within their NETP year?* Unpublished research report. Massey University.

³² Jamieson, I. (2017). Utilising the Canterbury Dedicated Education Unit model of teaching and learning to support graduate nurses - Te Whakamahi i te taurira whakaako, ako o te Canterbury Dedicated Education Unit hei tautoko i ngā tapuhi whai tohu. *Nursing Praxis in New Zealand*, 33(2), 29–39.

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
				teaching and learning to support NGs		Focus groups x3: N = 4 NGNs N = 20 staff N = 6 management and liaison nurse			
6	Hetaraka ³³	2018	PHC	To appraise a 12-month recruitment and employment regional pilot to increase employment of Māori NGNs in PHC	Evaluative	N = 12 NGN	Success features: Supported early recruitment and identification of Māori UG students into PHC as NGNs. Māori service providers offered rich cultural learning environment. Project funded by the DHB which provided additional support when needed. Whānau roopu facilitated by Māori nurse educator supported cultural identify of NGNs. Māori nurse leaders worked with NGNs to support career pathways. Cultural support provided in the community. PHO knowledge of provider suitability enhanced NGN placement, troubleshooting and support.	Small sample size. Graduate experience not evaluated. By Māori for Māori.	Masters thesis. Consider Kaupapa Māori supervision as a retention strategy. Importance of mentoring, coaching, presence of Māori nurse leaders as role models. Planned and deliberate cultural development of Māori NGNs. Shift of focus on DHB recruitment to PHC and ARC. Need for access to cultural support specific to PHC. When DHB salary subsidy stopped so did the pilot. Opportunity for accelerated model for Māori NGNs to become NPs. Planned pre-transition clinical placements links to employment opportunities.
7	Doughty McKillop Dixon	2018	Two DHBs	Explore experiences of new graduate nurses in NETP	Qualitative Focus groups FG1 – with PG course	FG1 n = 8 FG2 n = 8 Interviews n = 2	4 themes: Support (from preceptors), Nursing Environment (busy, bullying, feeling useless, no permanent position),	Demographic data not reported.	Importance of a structured programme. NETP needed in non-DHB areas.

³³ Hetaraka, L. (2018). *He ope awahi: Best practice for recruitment of Māori new graduate nurses*. Unpublished Masters thesis, University of Auckland.

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
	Sinnema ³⁴			programme with or without a postgraduate course	FG2 – without PG course Semi-structured interviews with DONs.		Clinical Practice Development (time to think during study days; using assessment skills discouraged in practice), Programme Workload (no recognition of work completed in non-PG course).		Dedicated preceptorship. Equal workload for NGN with or without PG course. Researcher conflict of interest.
8	Doughty Sinnema McKillop Dixon ³⁵	2021	2x NZ Hosp.	Impact of PG course in clinical assessment on the capabilities of new graduate nurses	Two group pre/post-test online questionnaire on commencement and completion of NETP. Group 1 – with PG course. Group 2 – without PG course.	N=85 pre-test N= 35 post-test	Statistically significant increases in post-test scores for group 1 in 'Explaining practice' and 'Diagnostic reasoning' (p = 0.003).	Demographic data not reported. Small sample size. 59% completed post-test. No data on course completion or ethnicity. Hospital based.	National consistency needed to provide all NGNs with opportunity for PG study. Researcher conflict of interest.
Programme evaluation (commissioned)									
9	Haggerty McEldowney Wilson Holloway ³⁶	2009	DHBs	National evaluation of NETP programmes in 21 DHBs.	Mixed methods: annual surveys, interviews, in-depth case studies	NGNs Post NGN RNS Preceptors Coordinators	NETP programmes effectively enhance NGN confidence and competence. NGNs who successfully completed a PG course were more likely to continue with PG education and are more likely to stay in nursing. Aligned with needs of DHBs. Less impact in PHC and ARC. NGNs complete a wide range of academic work as part of their NETP programme that could be credited toward a level 8 PG qualification. Effective models of cultural support for Māori NGNs variable.	Low participation rates (15-56%). Denominators inconsistently reported. Ethnicity data of NGNs not reported.	Recommendation that NETP funding continue a shared basis (up to 50:50) between HW and DHB/Employer. Review of the NETP service specifications for currency and relevance recommended. Necessity for academic work in NETP unquestioned. Strong recommendation that PG course be included as a component of NETP.

³⁴ Doughty, L., McKillop, A., Dixon, R., & Sinnema, C. (2018). Educating new graduate nurses in their first year of practice: The perspective and experiences of the new graduate nurses and the director of nursing. *Nurse Education in Practice*, 30, 101-105. doi:10.1016/j.nepr.2018.03.006

³⁵ Doughty, L., Sinnema, C., McKillop, A., & Dixon, R. (2021). The impact of postgraduate education in transition to practice programmes on new graduate nurses' knowledge and skills: A pre-post survey design. *Nurse Education Today*, 102, 104888-104888. doi:10.1016/j.nedt.2021.104888

³⁶ Haggerty, C., McEldowney, R., Wilson, D., & Holloway, K. (2009). *Growing our own: An evaluation of nurse entry to practice programmes in New Zealand 2006-2009*. Retrieved from [http://www.moh.govt.nz/moh.nsf/Files/ctadocs/\\$file/growing-our-own-NETP-finalreport-Jan2010.pdf](http://www.moh.govt.nz/moh.nsf/Files/ctadocs/$file/growing-our-own-NETP-finalreport-Jan2010.pdf)

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
									Authors are/were providers of NETP and NESP PG courses.
10	Appleton-Dyer Boswell Dale-Gander ³⁷	2015	VLCA primary care	Evaluate one-off funding employment scheme for NGNs in VLCA primary care: N = 48 NGNs N = 48 VLCA practices	Mixed methods: Midpoint and completion stakeholder surveys, interviews, and site visits.	Participation varied: NGNs Practice managers Owners.	All NGNs wanted to keep working in primary care. Different (more) skills learned compared to peers in hospital settings. Without funding, not financially sustainable for some practices to employ another NGN due to cost of their training. NETP course overly focused on the hospital setting. NGNs worked part time to manage study workload. High professional development requirements in PHC (vaccination cert, smoking cessation, cervical smear taking etc).	12 NGNs Māori 8 NGNs Pacific. Poor response rate for completion survey.	One-off funding excluded practices employing another NGN (not eligible). Two years funding better option for each NGN who would have more capacity to meet professional development requirements. NGN role could be shared across smaller practices or with the DHB. Valuable opportunity to recruit local NGNs who understood the local patient populations into PHC. Recommendations: rotate to hospital for broader experience; extend scheme to 2 years; invest in preceptors; recruit local NGNs who understand the local population; increase relevance of NETP content to primary care; important to include rural/small practices in the scheme to develop and retain local workforce;
11	Howard-Brown	2014	ARC x11	Evaluate NETP in ARC	Evaluation of a 12-month, two-	N = 15 NGN + NETP	Interest in working in ARC strongly influenced by UG experience. ARC	Small descriptive	Suggestion that funding for PG course may be

³⁷ Appleton-Dyer, S., Boswell, A., Dale-Gander, L. (2015). Evaluation of the new graduate employment scheme through the Very Low-Cost Access Initiative: Final evaluation report [for the Ministry of Health]. Synergia Ltd., New Zealand.

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
	McKinlay ³⁸		facilities		part mixed methods evaluation: midpoint (formative) survey and final interviews. Financial data.	programme coordinators, facility managers. preceptors	NGNs more likely than DHB peers to change employer at programme end. One-year employment contract unpopular. DHB-centric PG course paper stressful (was adapted to ARC context for 2 facilities). Strengthen preceptor model. Unique skills ARC NGNs had to quickly gain, independent clinical assessments, direction and delegation of HCAs, accountability for all residents, monitor and triage information, provide afterhours oversight for large facilities with different levels of care. Recommendation for two-year programme with clinical placement rotation to DHB or PHC (or DHB NGNs to ARC). Funding of programme is an important but not major ARC driver for facilities.	evaluation of pilot programme. Ethnicity not reported.	better apportioned to allow more RN graduates to participate in a NETP programme.
Preceptorship									
12 13	Haggerty Holloway Wilson ^{39,40}	2012 2013	DHBs	National evaluation of NETP programmes in 21 DHBs. Two publications that focus on preceptorship: 2007-09	Mixed methods: annual surveys, interviews, in-depth case studies	NGNs Post NGN RNS Preceptors Coordinators	Lack of clear selection process for preceptors, inconsistent preceptor education (unable to attend training/oversubscribed). Role lacked clarity, overwhelming clinical workloads, and burnout. Ongoing education needed and feedback on effectiveness. Lacked understanding of NGN skills and knowledge. Other nurses to support – UG students, new employees, IQNs with English as second language.	Low participation rates (15-56%)	PG course a component of NETP for some DHBs. Need for national preceptor training standards.
14	Krawczyk ⁴¹	2017	DHBs x3	Describe perspectives of NGNs of characteristics	Online survey	N = 30	Expectation preceptor will share knowledge, give constructive feedback, are approachable, and have supportive teaching style. Good experience of	Very small sample 33% of sample Māori (n = 10).	Masters report Multiple preceptors per student unhelpful.

³⁸ Howard-Brown, C., & McKinlay, E. (2014). *ARC NETP programme evaluation final report*. Sapere Research Group.

³⁹ Haggerty, C., Holloway, K., & Wilson, D. (2012). Entry to nursing practice preceptor education and support: Could we do it better? *Nursing praxis in New Zealand*, 28(1), 30-39

⁴⁰ Haggerty, C., Holloway, K., & Wilson, D. (2013). How to grow our own: An evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemporary Nurse*, 43(2), 162-171. doi:10.5172/conu.2013.43.2.162

⁴¹ Krawczyk, M. (2017). *What makes a good preceptor? Perspectives of recent new graduate registered nurses in New Zealand*. Unpublished Masters thesis:

https://repository.digitalnz.org/system/uploads/record/attachment/799/what_makes_a_good_preceptor_perspectives_of_recent_new_graduate_registered_nurses_in_new_zealand.pdf

	Authors	Year	Setting	Purpose	Study design	Sample	Main findings	Limitations/Strengths	Comments/relevance to review of NETP
				of a good preceptor			preceptorship increased confidence and had possible impact on NGN retention. Challenges: finding dedicated time with preceptor		