



Transition and Retention of Newly Qualified Nurses (NQN); a Rapid Evidence Assessment (REA)

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The RCN International Nursing Research Conference
September 2019

Supporting Transition and Retention of Newly Qualified Nurses (NQNs)

- Funded by the Burdett Trust for Nursing
- The project aims to:
 1. Establish the current state of the evidence base for nurse retention and transition from student to registered nurse
 2. Provide UK healthcare organisations, Higher Education Institutions (HEIs) and individual nurses with an evidence-based approach to plan for successful transition

Background to the study...

- When our students left to start their Registered Nurse careers, we wanted to know what challenges they faced and how employers supported them
- This would let us work with students and employers to enhance transition to life as a Registered Nurse



Context of the study

'Haemorrhaging nurses': one in 10 quit NHS England each year

Data showing 33,000 nurses left in 2016-17 triggers warning of 'dangerous and downward spiral'



- Nursing workforce shortages continue to concern the profession (Buchan et al. 2017) with negative impacts upon patient care and outcomes (Aiken et al. 2014)
- NQNs are one group at risk from early exit from the workforce (Brook et al. 2019).
- NQNs report feeling overwhelmed by expectations, unprepared for role and lacking confidence (Ke et al. 2017)
- Supportive transition is key to retaining NQNs and reinforcing the 'flaky bridge' (Health Education England 2018)

Evidence appraisal method

- **Rapid Evidence Assessment**

“...a form of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner.” (Tricco 2015:2).

- **Three key questions**

- What approaches are used to enhance the transition of newly qualified nurses?
- What approaches are used to enhance retention of newly qualified nurses?
- What is the strength of the evidence for specific approaches to nurse transition and retention?

Primary searches

• Databases searched

- CINAHL complete,
- Academic search premier
- Open Grey
- ERIC* (Education)
- Web of Science-Social Science Citation Index
- PubMed

• Searched for papers which...

- Focused on interventions to enhance newly qualified nurses' (<12months registered) transition or retention
- Were published in past 10 years



Secondary searches

UK Websites

- Department of Health
- Nursing and Midwifery Council
- NHS Evidence
- NHS Employers
- NHS Providers
- Health Education England
- Council of Deans
- Royal College of Nursing
- Kings Fund library
- NHS Improvement

International Websites

- International Council of Nurses
- American Nurses Association
- Australian Nursing and Midwifery Federation
- Canadian Nurses Association
- National Council of State Boards of Nursing (USA)
- Nursing Council of New Zealand
- HRH Global Resource Centre

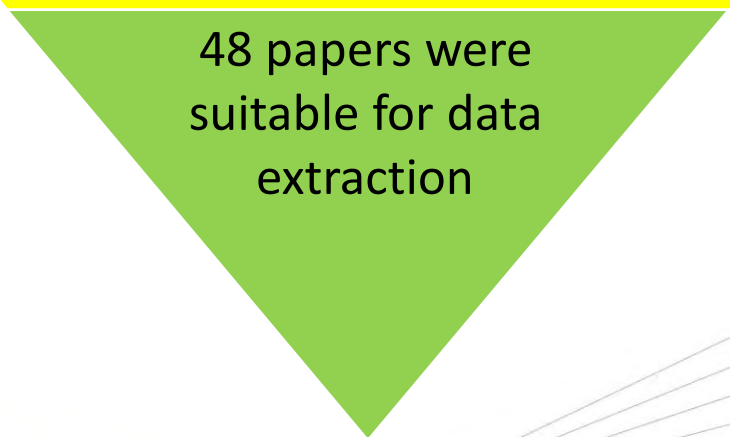
Assessment and management of literature

1. Classification of papers using RAE tool
2. Quality assessment and scoring using CASP and other tools (MMAT; bespoke survey evaluation)
3. Data extraction
4. Development of narrative



Results of literature search

- Within the 48 selected papers were...
 - 3 experimental studies
 - 8 surveys or non-experimental quantitative studies
 - 8 systematic review
 - 27 qualitative studies
 - 2 mixed-methods studies



48 papers were
suitable for data
extraction

Key findings – supporting transition

Formal approaches

- Preceptorship
- Mentoring
- Induction
- Orientation
- Simulation

Informal approaches

- Supportive organisational culture
 - Being accepted by team/peers
 - Effective communication within and across organisation
 - Access to and availability of informal support (peers, friends, the wider MDT)



Key findings – supporting transition

- Most formal interventions (e.g. preceptorship; mentorship) resulted in some level of benefit
- This seemed to relate to organisations demonstrating their commitment to supporting newly qualified nurses
- The fact that ***something*** was being done was more important than the specific nature of the intervention
- Evidence exists to highlight the importance of education providers in supporting transition

Key findings - supporting retention

- Only five studies directly addressed retention in NQNs
- Improved retention seems to be an assumed outcome of a positive transition experience
- When ‘formal’ and ‘informal’ approaches to enhancing transition are in place they act as enablers for improving increasing job satisfaction, thereby improving retention
- As a result, targeted approaches to enhancing retention in NQNs are rare

Strength and quality of evidence

Overall assessment of the strength of evidence in this review is 'low'

- Systematic reviews were generally of poor quality – only three provided adequate detail on search methodology and critical appraisal
- Experimental studies were all quasi-experiments (pre-post tests), so subject to bias and the impact of extraneous variables
- Surveys studies were generally of the highest quality, but tended to use proxy measures of retention (e.g. confidence)
- Qualitative studies of variable quality: often under-reported the relationship between researcher and participant, and impact of potential bias and influence

Conclusion

- Identifying effective approaches to enhancing newly-qualified nurse transition and retention is a key priority for higher education and healthcare providers
- The evidence suggests that a range of formal (e.g. induction) and informal (e.g. peer support) methods may be of value
- **The fact that an initiative is in place to support transition is more important than the specific nature of the initiative**
- Higher quality primary research is required to identify how best to prepare, support and retain NQNs



Any questions?

Further information about our project can be
found on our website
<https://starnursehull.com>

Follow us on Twitter [@STaRnursehull](https://twitter.com/STaRnursehull) or
contact at star@hull.ac.uk



Perspectives on support during the transition from student to Newly Qualified Nurse (NQN): views of students, NQNs, academics and clinical managers

The RCN International Nursing Research Conference
3-5 September 2019

Dr Jane Wray, Director of Research and Dr Helen Gibson,
Postdoctoral Research Assistant, Faculty of Health
Sciences, University of Hull

Today's Presentation

- Overview of Study Methods
 - Semi-structured interviews
 - Participant details
 - Recruitment
 - Data analysis
- Perspectives on support during transition
 - The person in transition
 - The professional in transition
 - Organisational culture and context
- Concluding comments

Study Methods

- **Semi- structured interviews**
- **Participant Details**
 - ✓ Final year (final semester) student nurses
 - ✓ NQNs one month into practice
 - ✓ Clinical leaders / managers
 - ✓ HEI leaders
- **Recruitment**
- **Data analysis**



Overview of Findings


- **The Person in Transition**

- Emotional responses
- Identity
- Managing expectations of self and of others

- **The Professional in Transition**

- Accountability
- Competence – Confidence

- **Organisational Culture and Context**

- Preceptorship
 - Support
 - The 'simple things'
- 

The Person in Transition

Emotional responses • Identity • Managing expectations of self and others

I feel **really excited**, I feel **really lucky** to get a job I really want. I feel a little smidge ready but 90% I don't feel ready at all. I think I'm reasonably well equipped but I am absolutely **totally terrified** (SN001)

I'm **looking forward** to being a registered nurse, I'm looking forward to **feeling proud of myself**....saying I've finally done it (SN003)

Well I **wasn't looking forward** to it but at the same time, **I was excited** (NQN003)



The Person in Transition

Emotional responses • Identity • Managing expectations of self and others

Everything I have **done as a student nurse** has been a set up to what happens on Monday and **I can't wait to just get started** and get on with it (SN005)

Just looking forward to being in post and **not being a student anymore** (NQN 005)

Yeah I was just looking forward to being in a blue uniform and being **an actual nurse**....able to say **I'm a nurse now** sort of thing (NQN004)



The Person in Transition

*Emotional responses • Identity • **Managing expectations of self and others***

I think I'm more afraid because **I've got years of experience** of what their expectations of me are going to be ... **the expectations of colleagues** (SN003)

I'm worried that you are **expected to know everything** (SN002)

People look at you.... and you would tell them like well I don't have the answer but I will find out for you and they go oh yeah, and now with the relative I'm speaking to and I still don't have the answers but **there's an expectation I should have all those answers** (NQN002)

People expect a lot of you because it's so stretched and busy it can be difficult to say I'd really rather you watch me do this or rather have you do this and I will do something else (NQN004)

The Professional in Transition

Accountability • Competence – confidence

....suddenly getting a level of autonomy, I think as a student nurse you are **constantly checking, you are being checked**, you are being supervised, you are being monitored, you are being mentored, somebody is always there to check, **double check**, ask questions and when you are newly qualified that often just goes overnight (HEI006)

I can't wait to feel a little bit more [autonomous] in terms of decision making...that **extra level of autonomy** that you get when you are not being mentored, I guess (SN005)

You get the whole lecture about what you need to do to keep your pin and stuff and **you read through the NMC hearings and you**, and you think [...]wow...what have I signed up for? [...] What if I'm tired in the morning and **I do something wrong** and I didn't mean it and then that's my career gone (NQN002)

The Professional in Transition

Accountability • Competence – confidence

I am **not very confident** in my skills. I've always sort of been given the feedback that I put myself down too much and I will be a good nurse and I should believe that, and I think that is what has worried me that.... oh **what if I start and I'm not good** (SN008)

My friend had been on the ward so she felt **a lot more confident**doing things like IV's and things like that with people doing them with her [...] She definitely has felt and is a lot more confident than I am and **I think confidence has a lot to do with our last placement** (NQN004)



The Professional in Transition

Accountability • Competence – confidence

I think the challenges are **confidence and competence**...so **feeling confident enough to do the role** and **gaining competence** in a newly qualified role because until you do it you often haven't done many of the things...you know they've done some management and things but I think they feel super anxious about the buck stopping with them (HEI006)

We get those 'I've been a student for three years' and who **go in very confident** and say 'I've been a healthcare worker for ten years before that and I know everything now', and they go in like a bull in a china shop and they upset lots of people (CL001)



Organisational Culture and Context

Preceptorship

I would benefit massively from a **proper preceptorship programme** Just speaking to nurses that have qualified previously I don't think that kind of does ever happen. **I am hoping for an approachable charge nurse** so that I can discuss issues (SN001)

I've got a preceptor.... **I don't even know what is involved** within the preceptorship to be honest. I don't think I am going to needs loads and loads of support – I will seek support as I feel I need it (SN005)

If I'm honest, **I don't think we are going to get a massive amount of support**. My preceptors are lovely but it's really busy so the amount of times you have to sit down and go through the things you need to do, and things like that..... it's not massive (NQN004)

About 80% newly qualified nurses go to work with local employers so we are quite fortunate - that has been one of the best things for transition is **having very good relationships** and knowing what the local preceptorship programme is like (HEI007)

Organisational Culture and Context

Support

It really is **about the culture on the wards**. Even in the one hospital there will be a number of wards that just don't do that very well and students who are new will struggle in those areas because **there is not a culture of supporting new staff** and teamwork and that sort of stuff but I guess that is the same everywhere (HEI003)

We have made improvements over the years to make sure the newly qualified nurses do have support. **I speak to all of them** who started over the summer, **I give them a ring**, explain who I am and **ask if there's any problems** and so forth. I get to know them before some of the staff on their sites at induction...we get to know quite quickly who might have **a few problems just through conversations with them** really (CL001)



Organisational Culture and Context

The simple things

Simple things like where the coffee room is. You know the code for the door..... **Silly little things** (SN002)

Everyone is **really nice** and **everyone gets on** and **looks after each other** (NQN006)

The lead nurse will walk round and **make sure we are all alright**, our manager makes sure that we are alright so.... we all support each other, and if you do get upset there are people there and they make sure **their door is always open** and you can go and speak to them (NQN007)

No, it's a really **supportive** unit, I feel everyone is **very friendly** (NQN002)



Conclusions

- Experience of ‘transition shock’ persists
 - Important to manage expectations
 - HEIs can better prepare students
- AND**
- Employers can better support NQNs

“It is a bit embarrassing to have been concerned with the human problem all one's life and find at the end that one has no more to offer by way of advice than 'try to be a little kinder.’”

Aldous Huxley





Thank you for listening

Any questions?

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Follow us on Twitter @STaRnursehull

Further information about our project can be

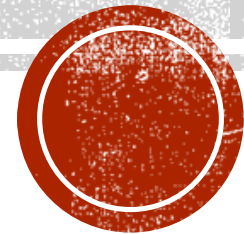
found on our website <https://starnursehull.com>

LIKE A FISH OUT OF WATER: NEWLY QUALIFIED NURSES' EXPERIENCES OF THE FIRST 2 YEARS OF PRACTICE

Dr Rosie Stenhouse, University of Edinburgh


Prof Austyn Snowden, Edinburgh Napier University

Dr Iris Szu-Szu Ho, University of Edinburgh



TRANSITION AS A TIME OF VULNERABILITY FOR NEWLY QUALIFIED NURSES

- 'Reality shock' (Kramer et al. 2011; Duchscher 2001)
- More at risk of burnout and attrition from profession in first year (Kramer et al., 2011; Rudman and Gustavsson, 2011; Wu et al., 2012)

- Global shortage of nurses (WHO 2013)

- Need to understand how we can help newly qualified nurses to 'survive' the transition and remain in the profession



JOB EMBEDDEDNESS

- The links and fit that an individual has with their work organisation and their home community, and the sacrifices (or cost), in terms of breaking these connections, if that individual was to move job (Mitchell et al., 2001; Reitz and Anderson, 2011)
- A 'net' of connections that keeps someone in their organisation (Mitchell et al, 2001)
- Associated with voluntary turnover (Kiazad et al., 2015; Dawley et al., 2012; Sun et al., 2011; Zhao et al., 2012)



THE STUDY

- Mixed method longitudinal cohort study (n=867) following participants from entry to nursing education in 2013 through graduation and first 2 years of being newly qualified nurses
- Gained permission from almost 500 of the student cohort to follow up after graduation
- Annual survey with measures of resilience, burnout, engagement with the workplace, EI in Aug 2017 (n=112) and Aug 2018 (n=124).
- Asked survey respondents if they would be happy to be interviewed by telephone
- Semi-structured telephone interviews Sept-Oct 2017 (n=12) Sept-Nov 2018 (n=11)
- Thematic data analysis
 - Four themes: Not fitting into the work environment; Perceived organizational support; Coping emotionally with stress; Having a growth mindset

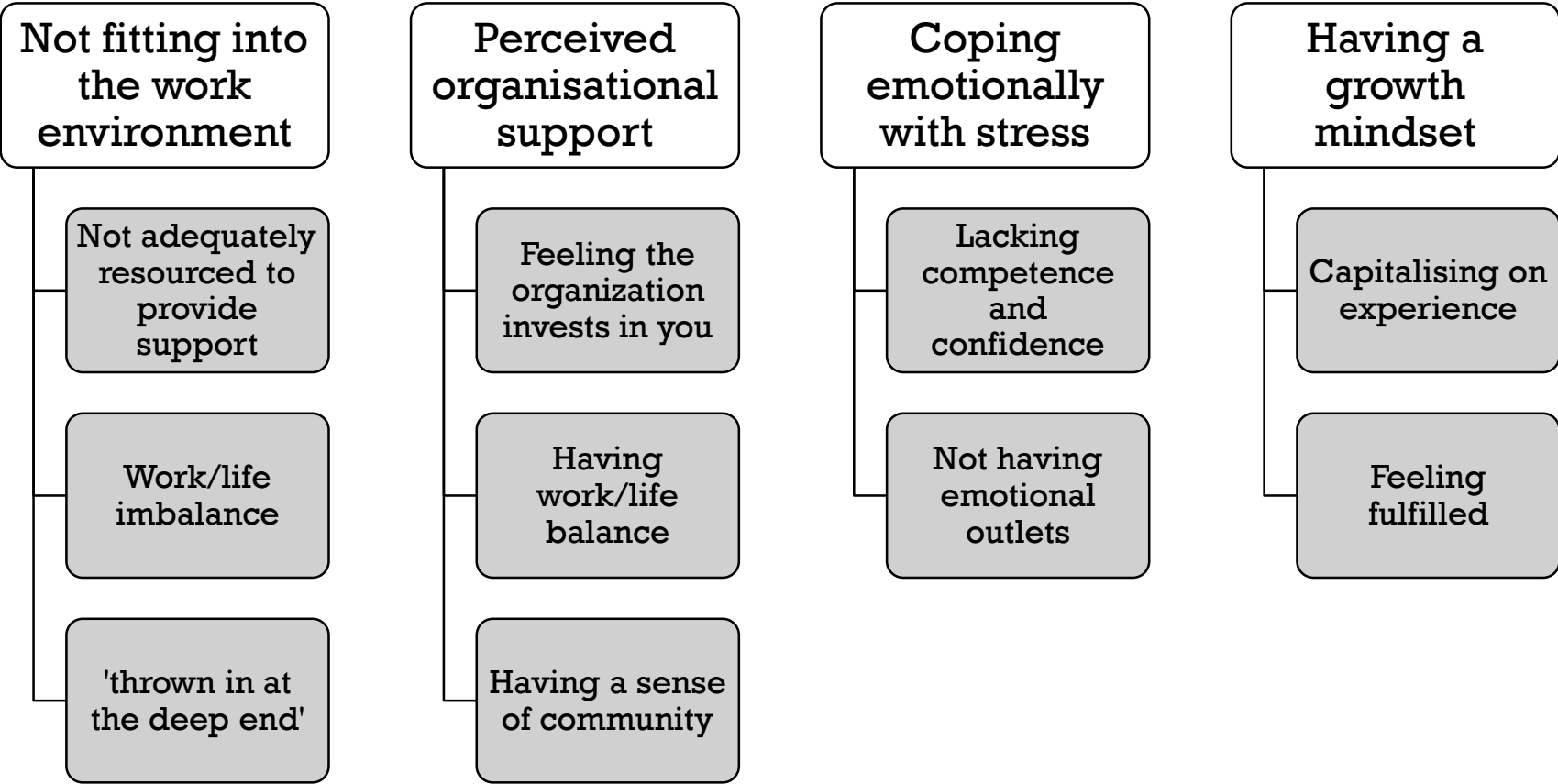


THE PARTICIPANTS

- Male (n=7) Female (n=16)
- Adult nurse (n=12) Mental health nurse (n=8) Children's nurse (n=1)
- Community setting (n=6) Inpatient setting (n=15)
- Two participants (1 male 1 female) no longer worked in nursing
- All worked in NHS services
- Worked across Scotland and England



FINDINGS



NOT ADEQUATELY RESOURCED TO PROVIDE SUPPORT

“Because it was such a kind of heavy, and a fast-paced place, everyone was stressed out, everyone was, you know, like, just, they would cover their own workload, but they didn’t really have the time to support you.” (T2, P5)

“The challenges of getting support as well as having the time to work and look after the patients is because you are short of staff” (T1, P8)



WORK-LIFE IMBALANCE

“When I am outside of work, can’t stop thinking about it [work].” (T1, P8)

“It got to the stage where I thought I don’t want to do these hours anymore, I don’t feel like I see very much of my family, and I feel like I am missing out...I still want to be a nurse, and I am still a nurse. I want to do that. But I want to do it in a way that I can do the job I enjoy and have the best balance.” (T2, P7)



THROWN IN AT THE DEEP END

“Every day I was going there I didn’t know what I was doing and nobody had the time to help show me what to do. Whenever I did ask people questions I felt like they were just fobbing me off” (T1, P2)

“So I just kind of felt thrown in at the deep end... (T2, P5)



FEELING THE ORGANIZATION INVESTS IN YOU

“I guess it’s just about how it makes you feel that they invest in you. I kind of said if you give a lot of opportunities for professional development. It’s you’re committing to staying with them. That’s why you are doing it. But then they’re believing in you and wanting to develop you. I see it is quite a positive two-way relationship.” (T2, P7)

“The newly qualified nurse attends once a month an education program that helps bring up competence levels and then you’ve got to write a review of how you think you have proceeded... as well as having clinical supervision.” (T1, P1)



HAVING WORK-LIFE BALANCE

“I think I've got quite, like, a good kind of life/work balance. I do 12-hour shifts, kind of three to four days a week. That's like, very kind of suited to me, at the moment. I'm a single guy, I've not got kids, or anything like that. So it suits me perfectly.” (T2, P5)

“I think. It [working at a ward] was still quite restrictive. I find the post where I am in now [working in the community], I work from Monday to Friday normal hours...I feel like I am actually around my family a lot more. And I have got more energy when I am at home with them, because I've done eight hours a day not 13-14 hours a day.” (T2, P7)



HAVING A SENSE OF COMMUNITY

“They're very supportive. Um, and, uh, you know, if I need to take time off and need some of my work covered, they'll do it. And equally, I'll do that for them as well.” (T1, P7)

“There's a lot of, if there's any incidents happening, there's a lot of team debriefs...And a lot of risk meetings, as well, to try and make sure that the probability of someone being hurt is minimised as much as possible.” (T2, P6)



LACKING COMPETENCE AND CONFIDENCE

“I was very anxious and didn’t know if I could manage the job.” (T1, P2)

“I felt at a loss actually for the first couple of months, and I had some sort of ambivalent thinking.” (T1, P7)

“At the start I felt like a fish out of water there.” (T1, P5)



NOT HAVING EMOTIONAL OUTLETS

“I am trying to talk to colleagues. Sometimes they are so stressed themselves. And they cannot deal with it. Sometimes they politely asked me to shut up.” (T2, P2)

“[first post] I actually ended up starting on antidepressants. I got, I kind of used a lot of, you know, like Breathing Space, those kind of things, like, kind of phone up support lines.” (T2, P5)



CAPITALISING ON EXPERIENCE

“I think I’ve learned so much over the last year that I didn’t think I would have been able to and your confidence grows a lot more as well because you’re out on your own.” (T2, P8)

“So it’s been a steep learning curve over the past 10 months to get up to speed... But I think the main different from starting the post to now is actually positive differences. I started to find my feet and feel more confident.” (T2, P7)



FEELING FULFILLED

“Where I am just now, it is kind of, there's a lot of support, people do have time to kind of help each other out....I've become more competent in it. I'm not kind of panicking about how I'm doing...I'm enjoying what I'm actually doing, I'm feeling like I'm actually making a positive contribution to things.” (T2, P5)

“I would say that I have more passion now than I was first qualified...the more experience I get the better my ability becomes, the more able I am to help someone. The more able I am to help someone, the more results of that.” (T2, P2)



DISCUSSION

- Lack of connection and fit
 - Busy-ness of workplace
 - Short staffed
 - Not offered/able to ask for support
- Feeling connection
 - Able to access support
 - Work as a team
 - Feeling valued through opportunities for development



DISCUSSION

- **Impact on community connections**
 - Shift patterns
 - Unable to disengage from workplace
 - Long hours
- **Growth through the initial years**
 - Reconnection with motivations for becoming a nurse
 - Increased competence and confidence – feel more connected and better fit



CONCLUSION

Right support

Senior staff; emotional support; practical support; development opportunities; teamwork; organizational flexibility in working patterns; increased staffing

at the

Right time

Transition; regular engagement; incidents; peaks in workload

in the

Right place

Workplace; external training



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Exploring experiences of online peer support for newly qualified nurses

Analisa Smythe

Catharine Jenkins



Background

Newly qualified nurses often report feelings of being isolated, overwhelmed and stressed. Such negative experiences leave staff at high risk for early career burnout and intention to leave the profession. We propose the implementation of an online peer support group to offer a place for nurses to communicate with and support one another.



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Aim of the study

To develop, pilot and evaluate a model of online peer support for newly qualified nurses, accessed by means of smartphone technology.

Method: Phase one involved focus groups with newly qualified nurses from two NHS trusts in the West Midlands to explore how online peer support could improve their working lives. Phase two involved implementation of a 6 month online peer support intervention with newly qualified nursing staff.

Phase three will involve interviews to collect qualitative data on the experiences and impact of peer support. Health Research Authority (HRA) ethical approval was given on 2nd May 2018.



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Participants

Nine focus groups

43 participants

A mix of general and mental health nurses

From three Trusts



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Focus groups

Three themes:

- Identity and role of a NQN
- Support from the team
- Practicalities of online modality



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Identity and role of a NQN

- Plenty of firsts
- Bridging the gaps
- Feeling like giving up
- From overwhelmed to confidence

'I think you feel like you're acting. You're still playing at being a nurse. A lot of the time you have to remind yourself that, no am I actually this person?'

'I think it was easier as a newly qualified ...' 'because of the weight of expectation that grows as you become more experienced'



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Support from the team

- Something in common
- Do peers really know?
- Not being alone

'am I going to get in trouble? And you know, somebody else will be like, 'I did this as well', and it kind of makes you feel better'

'Like thinking about what we do all the time, like and all it's just, at the end of the shift you're thinking about what you're doing, the person that you've worked with you kind of- can be like, "oh how do you think it went?"'



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Practicalities of online modality

- Anxieties
- Boundaries and monitoring
- Staying professional

‘Once it's out there, it's out there. Like the minute you've typed it down onto anything like you send like a- might be probably all guilty but you've sent a text to someone and you've screenshot it and sent it to someone else’

‘I wouldn't trust really saying much of like, well actually getting stuff off my chest in a group of people I don't really know’

‘Your pin can be taken off you in the blink of an eye’



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Intervention Design

- The online peer support will be delivered via the social collaboration web application Basecamp.
- On logging in, participants will be presented with links to a group discussion forum, general chat area and a space containing additional information with further links to support. There is an expectation that participants will engage with their peer support group 3-4 times a week. NQN will be allocated to an online peer group comprised of around 10-15 participants.
- Role of moderators



Basecamp screenshot

The screenshot shows a Basecamp project page for a group titled "TESTING PHASE". At the top, there is a navigation bar with icons for Home, Pings, Hey!, Activity, My Stuff, and Find. Below the navigation bar, the project title "TESTING PHASE" is displayed in large, bold letters. A welcome message follows, stating: "Hi everybody and welcome to our online peer support group for new nurses! Feel free to chat randomly in the campfire or talk about specific topics of interest in the message board area. You can also ping us a direct message via the DM function and we'll try to get back to you asap! Looking forward to meeting everyone, Analisa - Research team". Below the message, there are three circular profile icons labeled AS, CJ, and J, followed by a button labeled "Add/remove people". The main content area is divided into two columns: "Campfire" and "Message Board". The "Campfire" column contains a list of messages with user avatars and timestamps. The "Message Board" column contains two question posts with avatars and counts. At the bottom of the page, there is a link for "Change tools (add To-dos, Schedule, etc.)" and a section titled "Project Activity" for "Monday, October 29 2018".

Home Pings Hey! Activity My Stuff Find

TESTING PHASE

Hi everybody and welcome to our online peer support group for new nurses! Feel free to chat randomly in the campfire or talk about specific topics of interest in the message board area. You can also ping us a direct message via the DM function and we'll try to get back to you asap! Looking forward to meeting everyone, Analisa - Research team

AS CJ J Add/remove people

Campfire

- AS Analisa Smythe 2:39pm
Thanks JD. I can only see yo...
- J JD 2:39pm
and you cant see my email, ...
- CJ Catharine Jenkins 2:46pm
Hi Both, I'm CJ, can confirm...
- N NW 3:02pm
Greetings from lurgi-land! I ...
- N NW 3:03pm
Sorry I couldn't make it to t...

Message Board

- N Holiday memories
👤 Question — I'm going on 5
- N Trump's hair
👤 Question — How does 3

[Change tools \(add To-dos, Schedule, etc.\)](#)

Project Activity

Monday, October 29 2018

Next steps

- Three basecamp groups going, aiming for one more
- Some problems – one group no chat, two with some chat, dwindling
- Next group with more recently qualified nurses
- Interviews to follow
- HELP!? Any ideas for better engagement?
- Project to complete December 2019



Birmingham and Solihull **NHS**
Mental Health NHS Foundation Trust

