**An interpretive descriptive study of pre-registrant nurses perceptions of employment choice within general practice as a first post destination.**

**Background**

There is a widespread nursing staffing shortage within the UK. With current national vacancies of 38,785 (Macdonald and Baker, 2020), trends suggest this will continue to rise (Murray, 2018), proving challenging to employers and the broader health economy. The challenge is particularly acute in primary care (England, 2018), with unclear recruitment and career pathways. Research by Ipsos Mori (2016) and the Queens Nursing Institute (QNI) (2017) identified this as more prevalent for newly qualified nurses (NQN), with only a small percentage of nurses entering general practice within five years of qualifying.

General Practice Nursing (GPN) primarily recruits more mature and experienced nurses over the age of 40 years (Ipsos Mori 2016). 33% of GPNs were due to retire by 2020 (QNI, 2015), with various strategies introduced to support the rapidly dwindling workforce (England, 2018). The evolution of the ten-point plan aimed to achieve tangible outcomes in the recruitment and retention of GPNs. The primary aim of the plan was to raise the GPN profile, increase education, increase pre-registrant placements, and provide discernible career support and pathways from a preceptorship to advanced clinical roles.

Evidence and discussion have identified that many factors can impact GPN recruitment. Lack of role visibility (Lane, 2015; Lewis and Kelly, 2018), role perceptions (Ipsos Mori, 2016) and a benefits package (salary, terms and conditions) not comparative to their NHS peers (Ashwood, Macrae and Marsden, 2018) are all cited as recruitment barriers. Little is known about the perceptions of students around GPN as a career and first post destination.

**Methodology & Methods**

**Aims**

Explore pre-registrant student nurses’ perceptions of entering general practice as a first post-employment destination.

**Ethical considerations**

Ethical approval was obtained from the University of York Health Sciences Research Governance Committee (HSRGC/2019/352/A), accepted and adopted by the participant recruitment sites. Informed consent was obtained from all recruited participants who had received both written and verbal study details, including information on the study aims, methods used and dissemination of the findings. Participants were aware they could withdraw their voluntary participation at any time. All data was pseudonymised to limit participant and university subject identification.

**Methods**

This qualitative study followed an Interpretive Description (ID) design (Thorne, 2016) methodology. ID offers a pragmatic approach to generating qualitative insights to enhance knowledge when generating practice relevant findings (Hunt, 2009).

ID methodology provided logic and structure combining the complex nuances of a phenomenological approach of understanding the lived experience and grounded theory’s aim of developing a process theory. ID acknowledges nurses personal epistemological stance, providing flexibility in the methods used to provide relevant clinical knowledge.

**Participant recruitment**

A purposive convenience sampling strategy was used to recruit final year undergraduate nurses based at three universities in the North of England (see Table 1). Universities were supplied with an email outlining the study details to disseminate to all eligible participants; the lead researcher attended lectures to promote study participation. Once recruited, all participants were encouraged to discuss the study with their peers, using snowball sampling.

Table 1 Purposive convenience sampling process

**Step One**

Email chosen University's

Email provided to disseminate to eligible participants

**Step Two**

Attend on site lecture at University

**Step Three**

Email sent to any expressions of interest

**Step Four**

Interview date organised

**Step Five**

Snowball sampling

Twenty-one students expressed an interest in participating in the study and were provided with a participant information sheet and consent form. Participants were followed up after two weeks with a total of three ‘chaser’ emails. Five participants who had expressed initial interest and received the three chaser emails chose not proceed to interview.

Recruitment concluded when sixteen participants had been interviewed, and ‘meaning saturation’ (Hennink, Kaiser and Marconi, 2017) was reached (see table 2 for participant demographics). Code saturation indicates when a full range of thematic issues have been identified, whereas meaning saturation gives confidence when a full understanding of each codes nuances has been reached.

Table 2 Participant Profile

|  |  |
| --- | --- |
| Participant Profile | Number |
| Total participants | 16 |
| Gender Female Male | 142 |
| Age 20-24 years 25-29 years 30-35 years Preferred not to say | 11311 |
| Ethnicity White British Asian British Black African | 1411 |
| Placement experience Secondary care Primary care Community care | 16313 |
| Pre-training highest qualification status Bachelors degree (level 6 qualification) A levels (level 3 qualification) Access course (level 3-4 qualification) | 2113 |
| Prior caring experience Secondary care Primary care Community/Nursing home care | 214 |
| Ongoing personal caring responsibility Yes  | 3 |

**Data collection**

Data was collected using semi-structured interviews (SSI) based on an evolving interview guide (Edwards and Holland, 2013). Opening questions were based on the participant’s background and experience (‘*could you tell me a little bit about you and how you’ve found your nurse training’)*. The interview progressed to exploratory questions (Crabtree, 1999; Braun and Clarke, 2013), exploring participants’ clinical placement experiences, understanding of the GPN role, and plans and decisions made around their first post destination. The interviews concluded with a verbal check of participant comments ‘*so if I have understood you correctly….’* and a sense check that no relevant questions or answers had been missed.

The lead author (CL) undertook all interviews between November 2019 and January 2021. Ten semi-structured interviews were conducted on-site at the participants’ University, and six interviews were undertaken on video conferencing platforms (Zoom/MS Teams). Interviews ranged from eighteen to forty-six minutes long. All data was pseudonymised by allocating a unique identifier to each participant.

**Data analysis**

Data were inductively analysed using Braun & Clarke’s (2013) six-phase thematic analysis approach (see Table 3). The approach is flexible and iterative, where short descriptive labels (codes) are applied to the data. Code generation continued to undergo evolution following data collection, reflection, and data development. The codes were reviewed for their singular value and then compared and contrasted with the overall codebook. Theme generation was explored, ensuring they worked as coherent, organised and displaying distinct properties that created an overall picture of the data (Braun and Clarke, 2013).

Table 3 – Thematic analysis process

|  |  |
| --- | --- |
| Braun & Clarke Stages | Process |
| Step One – Familiarisation | * SSI transcription (lead author – CL)
* Upload transcriptions and interview guide notes to Nvivo 12 software
 |
| Step Two – Coding | * Exploratory code generation
* Assigning short labels
 |
| Step Three – Generating Themes | * Identifying potential initial themes
* Explore potential themes for their singular value and their context within the study
* Beginning to identify patterns within the data
 |
| Step Four – Reviewing themes | * Review the potential themes
* Re-code and reassign data where required
* Continue assessing codes for their singular value and whole study context
 |
| Step Five – Defining & naming themes | * Three themes identified
* Reviewed codes within these themes to ensure relevance
* Named themes
 |
| Step Six – Writing up | * Findings written
 |

**Findings**

Participant responses demonstrated commonly held myths and perceptions of working within general practice. These were aligned to three key themes: a perception of the GPN role, the requirement for secondary care experience, and the availability of career advice to enter general practice.

Table 4 Overview of Key Themes

|  |  |  |
| --- | --- | --- |
| Key Themes | Sub-Themes | Participants |
| Myths and perceptions of the general practice nurse role | Low skilledOlder workforceFamily-friendly working hoursSlow working paceTerms and conditions  | Anne, Belle, Charlie, Fiona, George, Helen, Irene, Jane, Lyne, Mary, Nancy, Orla, and Rita. |
| Presumed requirement for secondary care experience | Who advised secondary care as a first post destination?What advice is given around the first post destination?Preceptorship availabilityWhat timescales are advised? | Anne, Belle, Charlie, Debbie, Fiona, George, Helen, Irene, Jane, Kim, Lynne, Nancy, Penny and Rita. |
| Availability of careers advice to enter general practice  | Available career supportCareer support not available | Anne, Charlie, Debbie, Fiona, George, Helen, Irene, Jane, Kim, Lynne, Mary, Nancy, Orla, Penny and Rita. |

**Myths and perceptions of the general practice nurse role**

The GPN role was primarily perceived as only suitable for older nurses who wished a family-friendly work-life balance. Furthermore, participants felt GPNs did not require the same level of clinical competence as required within secondary care settings. These perceptions appeared to be drawn from discussions with their student peers, family members, and experiences within secondary care placements. Interestingly, negative perceptions were most predominant in those who had not had visibility or prior knowledge of the GPN role. Participants who had the experience of a practice placement in general practice reported more positive and favourable views of the GPN role.

Participants noted that the GPN role was not widely discussed in their educational settings, where general practice placements were established alongside community placements. Some participants had expressed confusion between the community nurse role and the GPN role. Participants understood the community (nursing within the home) aspect but were unsure if the GPN role was a facility-based community role. Participants who had the experience of placements in the community and GPN roles could express the role nuances.

*Low skilled*

When asked about the GPN role, six participants expressed a lack of knowledge of roles, responsibilities, capabilities, and skills. For example, when Anne was questioned about her thoughts on undertaking her first post within general practice, she commented.

*I just wouldn’t really associate that with nursing, but I’ve never had a placement there. Well, I don’t know that would be for me, I’m more of hmm, a nurse’ (Anne)*

Anne’s perception of the nursing role was aligned with managing acute events in secondary care settings. She discussed community and GPN roles interchangeably, which she felt was due to her university providing these placements within the same rotation.

Other participants, who had not undertaken a GPN placement, expressed similar concerns over becoming deskilled within general practice, basing perceptions on community placements, peer group discussion, secondary care, and university feedback. The terminology used by those who had not had GPN role visibility was ‘*deskilled*’, ‘*not a nurse*’, ‘*not a lot of my clinical skills’*; this indicated a negative perception of the GPNs skill level.

In contrast, participants who discussed the GPN role from a patient’s perspective discussed the GPN role as ‘*autonomous’, ‘decision-making’, ‘responsibility’* and *‘prescribing’*. Participants with GPN role visibility offered a more positive perception using terms such as *‘enjoyed’, ‘well supported’, ‘tight knit’* and *‘well organised’*.

Five participants expressed an interest in undertaking advanced practice roles. However, even within the realms of an advanced practitioner role, general practice was still deemed a lower-skilled area to work in, compared to secondary acute care.

*‘I think eventually if I’m confident enough and I feel brave enough, I will go out into A&E and walk-in centres, but I might start out in a GP practice’ (Belle)*

*Older workforce & family-friendly working hours*

Participants discussed GPNs as an ‘*older workforce*’, linking the perception with working patterns perceived more appropriate to those who wished for a better work-life balance.  A commonly held perception was the GPN role was suitable for those with childcare responsibilities or who did not want to undertake secondary care shift patterns.

*‘She wants to go straight into community because she wants to start having children immediately’ (George)*

*‘It just felt like it was more for women that didn’t want the lifestyle of a ward – I will be honest with you, it tended to be a lot of older nurse’ (Jane)*

These perceptions were positively articulated and desirable role attributes, overcoming the challenges (shift patterns and work-life balance) of working within secondary care.

*Slow working pace*

Working pace within general practice was discussed as ‘*easier’, ‘relaxed’ ‘, ‘less stressful’*. Several participants linked their perception of the slow working pace with the presumed age profile and perceived family-friendly GPN hours.

Nancy commented that she felt she wouldn’t be interested in a GPN role as it ‘*isn't as intense and fast paced'* but did go on to say that she felt this would benefit patient care as she felt the slow pace meant you could '*spend more time with the patients'.* Belle acknowledged that whilst shift duration might be the same as secondary care, the work pace was perceived as more manageable. Secondary care work pace was discussed in terms of '*busy', 'stressful', 'understaffed'* and *'burnout'.*

For those participants who had undertaken a general practice placement, positive and measured terminology was more commonly used. Jane discussed a transient element to the work pace - '*busy days, and your not so busy days'*. In contrast, Debbie stated the work pace needed '*time management'*, which denotes a level of work-related pressures.

*Terms and conditions*

There was limited awareness of employment terms and conditions. Regardless of whether participants had general practice experience, ten participants were unaware that general practices were not aligned with NHS employment terms and conditions. Three participants commented on the differences in secondary care to general practice terms and conditions (salary, perceived lack of structured career pathway), with salary providing the primary concern.

*'the pay banding because it's not matched to the NHS you will be stuck on the same pay for a few years whereas fellow students in my cohort will go on to wards and they will go up the pay band quicker' (Helen)*

*‘I’m assuming the terms and conditions will be similar, but I don’t know’ (Penny)*

*‘it’s got its differences. Obviously, the environment is different, but I’m not really sure of the differences in terms and conditions’ (Lynne).*

**Presumed requirement for secondary care experience**

*Who advised secondary care as a first post destination*

Fourteen participants had directly been told that secondary care experience would be necessary before becoming a GPN. The advice came from multiple sources including, secondary care nurses,universities and peer groups*.*

*'they did say it was better that you had it'* [hospital experience] *(Irene),*

'*probably best to work on a ward for a year or two' (Nancy)*

'*it was also emphasised at university as well' (Penny)*

The primary source of first post destination advice was given by secondary care colleagues whilst on placement.  Those participants who had knowledge or had undertaken a GPN placement were able to challenge this perception. Debbie acknowledged secondary care experience was not required; however, she did not feel confident to challenge her registered colleagues' opinions. Orla felt confident discussing and challenging the perception of requiring secondary care experience. She acknowledged that her GPN placement had empowered her to challenge the perception appropriately.

*'you don't need the secondary care experience anymore - possibly before the placement; I wouldn't have known really' (Orla).*

*What advice is given around the first post destination*

Participants felt secondary care experience was required to provide skill consolidation and peer support.

*'So, I want to start off in secondary care because I feel it will get me the opportunity to develop my clinical skills and have a supportive environment with other nurses and sisters and matrons' (Fiona)*

Participants expressed the need to '*build up my skills', 'develop a range of skills',* and *'developing my nursing judgement'.* The perception is that skill consolidation is not available within primary care.

Ten participants stated desirable first post destinations were secondary care acute clinical areas, linking these with developing and consolidating skills.

*Preceptorship availability*

Preceptorship programmes are a recognised model of providing professional support, guidance, and clinical education to newly registered staff nurses. Eleven participants associated these as only available within secondary care; those with primary care experience were aware of primary care preceptorship programmes.

Many participants expressed concern over developing confidence and competence in their new graduate nurse roles. Debbie likened this to passing your driving test and then learning to drive. Therefore, participants actively sought advice and support both within their peer groups, university settings and placements.

*'they all kind of gave their opinions and views of nurses and newly qualified nurses, which is something you take on as they have been in the field a longer than you have' (Belle)*

*What timescales are advised?*

Between twelve and twenty-four months was the perceived secondary care experience requirement before entering primary care. The longevity of experience correlated to anecdotal discussions with their peers and registered colleagues and recruitment adverts. Three participants discussed the commentary used within job advertisements impacting a person's career choices.

*'I looked in the application, and that said you can't apply unless you have two years postgraduate experience' (Mary)*

Participants were not clear if the requested timescales were a role requirement or a recruitment preference. Some participants felt these timescales represented a recruitment preference as different geographical areas specified different timescales.

*'it's weird that in [NHS area] you have to have a years' experience in hospital before they'll let you work, and in [NHS area], they will take you straight from Uni'. (Irene).*

**Perceived lack of career advice to enter general practice**

Generalised career planning was discussed, with many participants forming ideas and preferences for their first post destination.  Six participants had already secured a job offer, all within secondary care settings (See Table 5).

###

Table 5 Preferred Career Fields

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academia** | **Unsure** | **Secondary Care** | **General Practice**  | **Community Nursing** |
| 1 (Belle) | 2 (Jane & Kim) | 9 (Anne, Charlie\*, Fiona\*, George\*, Mary\*, Nancy\*, Orla\*, Penny and Rita).\*= employment secured  | 3 (Debbie, Helen, and Lynne) | 1 (Irene) |

*Available career support*

Career guidance and support were a perceived requirement for pre-registrant nurses, acknowledging that many secondary care employers provide this through career fairs held at the university or hospital.

Participants felt it was the university's responsibility to provide career advice, support, and information. All participants knew or had attended career fairs within the university or secondary care setting. Secondary care employers were readily available at all careers fairs, whereas no one was aware of any primary care presence.

*'they did have [NHS provider]to come in and [NHS provider]* *hospital. So, they had stands in like the foyer' (Fiona)*

Placement opportunities reassured both the pre-registrant and potential employer, providing visibility and transparency of the expected registered nurse position.

*'If you get a good picture of the placement, you do get a good feel for what you want to do later' (Nancy)*

Jane commented that her university had provided a broad range of career options and felt this was a supportive and productive way to access nursing fields. Jane's comment is in dissonance with that of her peer group within the same university setting.

*'We had a day where different trusts came into the university, and there was a few nurses there and also a trainee practice nurse who had just qualified' (Jane).*

 *Career support not available*

Participants expressed a desire to receive increased support on career planning basics (searching for roles, generating a CV, timing of applications, and interview techniques). Participants discussed access to career advice as *'unsure', 'don’t know’, ‘not discussed’.* A few participants acknowledged career advice was available but did caveat this with the requirement that you had to search for the information.

*‘There was no initial lectures or anything about how you should construct a CV or anything, interview techniques and stuff like that which could be quite beneficial’ (Fiona)*

Participants reported a lack of knowledge in searching and applying for non-secondary care environments, with most participants unaware of where to obtain general practice recruitment information. Other participants assumed that these posts would be advertised within NHS Jobs. Debbie and Helen, who would like to enter general practice as a first post destination, discussed the challenges in sourcing information to achieve this. Five participants stated GPN posts are frequently discussed within their pre-registrant peer group, with many expressing interest but lacking knowledge of how to proceed.

*‘No, not at all.  No, we've not been given any information about that; it's just all about going to work on a ward, going to work in secondary care, you know the hospital and things like that’ (Lynne).*

**Discussion**

This study explored pre-registrant nurses' perceptions of a first post destination in general practice. The three key themes identified offer insight into pre-registrant nurses myths and perceptions of the GPN role that have important implications for the recruitment of the future GPN workforce.

Lack of role visibility or awareness appeared to be linked to many of the GPN role myths and presumptions. Previous studies confirm that poor understanding of the GPN role can be a barrier for pre-registrant nurses entering general practice. Crossman et al. (2016) and Lewis et al. (2018; 2019) stated that 80% of students surveyed identified a better need to understand the GPN role.

National and international research demonstrates that pre-registrants nurses’ clinical placements significantly affect role awareness, clinical visibility, and early career choices (England, 2018; McInnes *et al.*, 2016; Murray-Parahi *et al.*, 2016; Lewis, Ibbotson and Kelly, 2019). The current study corroborates evidence that a lack of general practice placements may correlate with participants' role perceptions; increasing role visibility provides clear knowledge of GPNs roles and responsibilities (NHS, 2016; NHS, 2018). Only five participants had direct knowledge of the GPNs roles and responsibilities, three of these having undertaken a formalised placement. GPN placement availability is currently a known barrier to increasing role visibility (Health Education England, 2016; England, 2016). The high accessibility of secondary care placements allowed the participants to gain direct insight and information on secondary care roles, providing participant confidence on secondary care role attributes.

Many of the current study findings have been reported in previous research (Ipsos Mori, 2016; England, 2018; NHS, 2019). The complexity of the GPN role (Calma *et al.*, 2021) may be realised by increasing the visibility of the GPN role and the career pathways available within primary care. The study findings demonstrated that clinical experience, peers, families, and educators influenced participants' perceptions of the GPN role. Participants were in broad agreement that to get accurate GPN role understanding, placement activity, and university-supported teaching would be necessary.

Participants in the current study often spoke of the need to gain secondary care or acute care experience before entering certain nursing areas (i.e., community, general practice). This myth has been anecdotally discussed within the nursing profession for many years. The pre-registrant nurse’s need of feeling supported within a clinical setting aligns with skill consolidation and preceptorship availability (NMC. and council, 2017; Moorley, 2020). The mentorship model of providing support and advice could be viewed as career counselling (Foster and Hill, 2019), with clinical placements providing experiential learning opportunities and the ability to professionally identify and consider the opinions of their registered colleagues (Pellatt, 2006). Participants who had GPN role visibility felt confident that skill consolidation and professional socialisation could occur within general practice, further aligning with role awareness and visibility.

The nationally supported GPN Ready Scheme (England, 2016) provided the required NMC educational and professional socialisation support that new registrants require (Council, 2020). Aston (2018) acknowledged that those skills learnt within secondary care may not be transferrable to a primary care environment; this was discussed by some participants who acknowledged that all skills were not equal.

Participants demonstrated a perceived lack of support in obtaining career advice, guidance, and direction to enter the primary care nursing labour market. All three universities have designated departments that offer career support, with support also available through careers fairs and placements. Secondary care held careers fairs were available in educational and work-based settings, allowing secondary care employers to recruit from a ‘captive audience’ (Ngune *et al.*, 2012; McNeil *et al.*, 2020). For participants, this offered easy access to information, direction, and visibility of the available posts. Primary care employers did not utilise the same strategies with Ipsos Mori (2016), acknowledging many GPN posts are recruited through word of mouth or trained GPNs headhunted for positions. GPN recruitment through these means does not provide long term sustainability to the GPN workforce(Institute, 2017), incurring further recruitment obstacles for new registrants.

Participants interested in a GPN role reported a lack of knowledge and confusion on how to proceed. The participants who had role awareness or visibility could better understand who they would need to contact but still felt the job application process was not supported. Lack of placement availability further exacerbates career advice and support into general practice (NHS, 2016). Aston (2018) noted that those practices embedded in the GPN ready scheme realised an increase in recruitment and retention. Conversely, general practitioners have funded clearly defined training and recruitment strategies (England, 2021) which is not echoed for GPNs. The national strategies required to support GPN recruitment in general practices are sparse and fragmented. The private business status of general practices increases the challenge for a national strategic plan.

Within the UK, general practices are primarily private-run businesses that commission work from the NHS, with many not adopting NHS working terms and conditions. Studies suggest this may provide a further recruitment challenge (Crossman *et al.*, 2016; Aston, 2018; Ashwood, Macrae and Marsden, 2018). Participants provided minimal data on GPN salary and associated terms and conditions, with a perceived disparity with their secondary care counterparts

**Limitations**

The study was undertaken from November 2019 through January 2021. Secondary to the Coronavirus pandemic and recognition with participant recruitment and data collection challenges, the study was paused for six months. The Coronavirus pandemic may have also impacted pre-registrant nurses' placement availability and quality and their reported experiences.

**Conclusion**

Many pre-registrant nurses may not have a clear understanding of the GPN role. For those participants interested in general practice, the assumption is that secondary care experience is required before undertaking a GPN role, with the availability of career guidance and support for general practice not available for these participants.

Some of these perceptions are corroborated by existing research (an older workforce, family-friendly working practices). Increasing role visibility may address some of the findings (a slow working pace, a low skilled role). The GPN ready scheme (England, 2018) aimed to address some of these issues, but this study demonstrates these have not yet been realised in this geographical area.

To further understand how employers and commissioners can futureproof the GPN workforce, a further study is being commenced to compare and contrast some of these findings with newly qualified nurses who have entered general practice as a first post destination.

* Myths and perceptions still drive understanding of the general practice nurse role
* There is a presumed requirement of secondary care experience prior to entering a general practice nurse post.
* There is limited availability of career guidance and support to enter general practice
* A further study is underway to explore these findings with newly qualified nurses who have entered general practice as a first post destination.

**References**

Ashwood, L., Macrae, A. and Marsden, P. (2018) 'Recruitment and retention in general practice nursing: What about Pay?', *Practice Nursing,* 29(2), pp. 5.

Aston, J. (2018) 'The future of nursing in primary care', *British Journal of General Practice,* 68(672), pp. 312.

Braun, V. and Clarke, V. (2013) *Successful Qualitative Research, a practical guide for beginners.* UK: Sage Publications.

Calma, K. R. B., Halcomb, E., Williams, A. and McInnes, S. (2021) 'Final year undergraduate nursing students' perceptions of general practice nursing: A qualitative study.', *Journal of clinical nursing,* (00), pp. 1-10.

Council, N. M. (2020) *Principles of preceptorship*. Standards: NMC. Available at: Principles of preceptorship - The Nursing and Midwifery Council (nmc.org.uk) (Accessed: 02.04.2021 2021).

Crabtree, B. F., Miller, W.L. (1999) *Doing Qualitative Research.* 2nd Edition edn. UK: Sage publications.

Crossman, S., Pfeil, M., Moore, J. and Howe, A. (2016) 'A case study exploring employment factors affecting general practice nurse role development', *Primary Health Care Research & Development (Cambridge University Press / UK),* 17(1), pp. 87-97.

Edwards, R. and Holland, J. (2013) *What is Qualitative Interviewing.* UK: Bloomsbury Publishing Plc.

England, H. E. 2016. General Practice Nurse (GPN) Ready Scheme. UK: HEE.

England, H. E. (2021) *The General Practice (GP) national recruitment office*. Available at: The General Practice (GP) National Recruitment Office > Home (hee.nhs.uk) (Accessed: 5.4.2021 2021).

England, N. (2018) *General Practice - developing confidence, capability and capacity. A ten point action plan for general practice nursing*, UK: NHSEGateway reference number 06870). Available at: General Practice Ten Point Action Plan (england.nhs.uk).

Foster, T. and Hill, J. J. (2019) 'Mentoring and career satisfaction among emerging nurse scholars', *International journal of evidence based coaching and mentoring,* 17, pp. 20-35.

Health Education England, H., England, H.E. (2016) *Workforce Plan for England: Proposed Education and Training Commissions 2016/2017.* UK.

Hennink, M., Kaiser, B. and Marconi, V. (2017) 'Code Saturation Versus Meaning Saturation: How many Interviews Are Enough?', *Qualitative Health Research,* 27(4), pp. 591-608.

Hunt, M. (2009) 'Strengths and challenges in the use of interpretive description; Reflections arising from a study of the moral experience of health professionals in humanitarian work.', *Qualitative health research,* 19(9), pp. 1284-1292.

Institute, Q. N. (2017) *Transition to general practice*, UK.

Ipsos Mori, R. (2016) *The recruitment, retentionand return of nurses to general practice nursing in England*, UK.

Lane, P. (2015) 'A Scheme To Increase Practice Nurse Numbers', *Nursing Times,* 111(13), pp. 22-25.

Lewis, R., Ibbotson, R. and Kelly, S. (2019) 'Student nurses' career intentions following placements in general practice through the advanced training practices scheme (ATPS): findings from an online survey', *BMC Medical Education,* 19, pp. 448.

Lewis, R. and Kelly, S. (2018) 'Changing hearts and minds: examining student nurses' experiences and perceptions of a general practice placement through a 'community of practice' lens.', *BMC Medical Education,* 18.

Macdonald, M. and Baker, C. (2020) *Nursing workforce shortage in England*, UK: House of commons LibraryCDP-2020/0037). Available at: Nursing workforce shortage in England (parliament.uk) (Accessed: 6.8.2021

 ).

McInnes, S., Peters, K., Bonney, A. and Halcomb, E. (2016) 'A qualitative study of collaboration in general practice: understanding the general practice nurse's role', *Journal of clinical nursing,* 26, pp. 1960-1968.

McNeil, G., Hudson, J., Orto, V., Waters, F., Pearce, S., Cates, P., Velez, L., Austin, W. and Walters, P. (2020) 'Nursing and HR collaboration for successful RN recruitment', *Nursing Management,* 51(3), pp. 9-13.

Moorley, C. X. (2020) 'Skills for newly qualified nurses 1.  Understanding and managing accountability', *Nursing Times,* 116.

Murray, R. (2018) *Falling number of nurses in the NHS paints a worrying picture*: The Kings Fund. Available at: <https://www.kingsfund.org.uk/blog/2017/10/falling-number-nurses-nhs-paints-worrying-picture>.

Murray-Parahi, P., DiGiacomo, M., Jackson, D. and Davidson, P. M. (2016) 'New graduate nurse transition into primary health care roles: an integrative literature review', *Journal of clinical nursing,* 25, pp. 3084-3101.

Ngune, I., Moyez, J., Dadich, A., Loetiet, J. and D., S. (2012) 'Effective recruitment strategies in primary care research: a systematic review', *Quality in primary care,* 20, pp. 115-123.

NHS (2019) *NHS Long Term Plan*, UK: Department of Health.

NHS, D. (2018) *Statistics show change in NHS workforce over time*. Available at: <https://digital.nhs.uk/news-and-events/latest-news/statistics-show-change-in-nhs-workforce-over-time> (Accessed: 11/10/2018 2018).

NHS, E. (2016) *General Practice Forward View.* NHS England.

NMC. and council, N. a. m. (2017) *Principles for preceptorship*, London: NMC.

Pellatt, G. C. (2006) 'The role of mentors in supporting pre-registration nursing students', *Br J Nurs,* 15(6), pp. 336-40.

QNI, Q. N. I. (2015) *General Practice Nursing A Time Of Opportunity in the 21st Century*: QNI.

Thorne, S. (2016) *Interpretive description - qualitative research for applied practice.* Second Edition edn. London: Routledge.