

Supplementary 3: Program theory elements and supportive theories

Programme theory elements	Supporting theories		
	Transition theory (Meleis, 2010)	Organisational socialisation (Bauer & Erdogan, 2011)	Transfer of learning (Donovan & Darcy, 2011)
Characteristics of the novice nurse: Dedication, motivation, interest, commitment, enthusiasm, professionalism, hardworking, previous ED experience, level of training	Personal conditions: Facilitators: Meanings, cultural beliefs and attitudes, socioeconomic status, preparation and knowledge, previous experience, belief about what is expected Personal conditions: Inhibitors: Uninterested, lack of experience, poor communication, disrespectful (Alsalamah et al., 2022; Dillon et al., 2016; Meleis, 2010)	New employee characteristics: Proactive personality, extraversion, openness, veteran employee, positive, self-regulated, resilient, curiosity (Chang et al., 2022; Richter et al., 2022; da Cruz Carvalho, 2020; Theodorou, 2019)	Student characteristics: Individual elements such as ability, personality, motivation, self-efficacy, personality, perceived utility, locus of control, amount of experience (Granado Alonso, 2019; Hugo & Botma, 2019; Botma & MacKenzie, 2016)
Interpersonal relationships: Staff attitude Communication Collaboration	Community conditions: Facilitators: Communication, staff support, peer support, supportive work environment Community conditions: Inhibitors Disapproval by staff, feeling undervalued, poor work environment (Ma et al., 2023; Alsalamah et al., 2022)	Organisational efforts: Socialisation tactics, organisational insiders, recruitment, supervisor and coworker support and mentoring, recognition of newcomer's attitudes, skills and abilities, clear communication of objectives, timelines and roles, leadership, organisational support (Richter et al., 2022; Qadeer et al., 2020; Bauer et al., 2019; Harris, 2020; Ellis, Bauer et al., 2014; Dillon et al., 2016)	Learning climate: Managerial support, job support, organisational support/peer support, open communication channels (Hugo-Van Dyk et al., 2023; Botma & MacKenzie, 2016)
Emergency department: Well-equipped and maintained Competent staff	Learn and enact new roles influenced by their environment Environment is defined as physical, social, cultural, organisational, and societal and influences experience, interventions and outcomes Community conditions: Facilitators Availability of role models and resources Supportive work environment Community conditions: Inhibitors	Organisational efforts: Orientation, mentoring (Ellis et al., 2014)	Learning climate: Availability of competent nurse clinicians, willingness to facilitate students Workplace environment: Opportunity to use and practice new knowledge and skills, opportunity to perform, technological support

	Limited support and resources (Ma <i>et al.</i> , 2023; Hallaran <i>et al.</i> , 2021 Stubin, 2020)		(Hugo-Van Dyk <i>et al.</i> , 2023; Granado Alonso, 2019; Botma & MacKenzie, 2016)
Programme champions Trained preceptors Experts Staff	Community conditions: Facilitators Presence of preceptor, use of mentors, role model, expert mentoring, guidance Community conditions: Inhibitors Lack of preceptor (Alsalamah , 2022)	Organisational efforts: Assign mentor, support by programme coordinator Organisational insiders	Learning climate: Availability of competent nurse clinicians,
Programme activities Orientation WIL Variety of facilitation methods Variety of assessment methods	Community conditions: Facilitators Preventative and therapeutic actions can influence outcomes, clinical rotation, didactic and skills times, transition properties: awareness and engagement, extended orientation, strategies include: role rehearsal, reflective journal Community conditions: Inhibitors Lack of orientation Practice limitation (Fitzwater e <i>al.</i> , 2021; Wildermuth, 2020; Alsalamah, 2022)	Organisational efforts: Formal orientation programme, tour of the company facilities, scaffolding during problem solving, regular feedback sessions, accessible feedback tools (Torres, 2022; Ellis <i>et al.</i> , 2014)	Training activities and the actual job requirement (Donovan & Darcy, 2010)
Reaction and responses Flourish vs wilt Flourish: Increased confidence, empowered, feeling competent, growth (personal and professional), coping, credibility, improvement of soft skills (communication and emergency cooperation skills), motivation to support others, leadership development, encouraged to continue education, feeling more secure in ED, experiencing comfort in role transition, fulfilment of	Varied responses Patterns of response: Process indicators: Feeling connected, interacting, location and being situated, developing confidence and coping, skills development (Fitzwater <i>et al.</i> , 2021; Wildermuth, 2020, Alsalamah, 2022)	Newcomer adjustment: Role clarity, self-efficacy, acceptance by organisational insiders, knowledge of organisational culture and rules, task performance, social integration, servant leadership, job satisfaction, person-organisation fit, confidence, comfort, patient safety, professional satisfaction, job satisfaction (Harris, 2020; Bauer <i>et al.</i> , 2019; Dillon <i>et al.</i> , 2016)	Motivation to learn Motivation to transfer learning (Granado Alonso, 2019)

responsibilities, trusted and accepted by staff			
Outcomes Satisfaction Proficient Retention Positive patient outcomes Teamwork	Varied outcomes Outcome indicators: Role mastery, fluid integrative identities, job retention <i>(Alsalamah, 2022, Dillon et al., 2016)</i>	Outcomes: Satisfaction, commitment, turnover, performance, internal motivation, personal and professional development, self-efficacy, performance, social identification <i>Chang et al., 2022; Harrisl, 2020)</i>	Outcomes: Performance of the trainee and subsequently the organisation <i>(Granado Alonso, 2019)</i>
*Sources in italics refer to empirical studies			