



Designing Nursing Orientation

Evidence-Based Strategies for Effective Programs

Adrienne E. Avillion, DEd, RN



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About the author	v
Introduction	vi
Why is orientation important?	vi
Section 1: 21st-century healthcare expectations and their impact on staff development	1
Chapter 1: The evolution of orientation	3
Early days	3
Emergence of staff development departments	4
Changing role of the staff development department	5
Chapter 2: Statistical update: What the numbers are telling us	7
The makeup of the nursing workforce	7
Consider workforce needs when designing the work environment	8
The ‘business’ of healthcare influences orientation	9
Chapter 3: The impact of 21st-century healthcare expectations	13
Modern healthcare and staff development	13
Section 2: Analyzing your orientation program	25
Chapter 4: Cost	27
Defining evidence-based staff development	27
Determine the cost of your program	28
Chapter 5: Cost-efficiency of the staff development department	31
Cost analysis	31
How much of your budget is spent on orientation?	31
Chapter 6: Variations in learning styles	33
Meeting individual needs	33
Chapter 7: Paradigm shift: Setting	35
Consider orientation setting	35
Chapter 8: Paradigm shift: Meeting the needs of four generations of learners	37
Each generation has its own needs	37

Contents

Chapter 9: Paradigm shift: Aging of healthcare professionals	41
Educational resources	41
Recruitment and retention	41
Chapter 10: Paradigm shift: From preceptor to mentor and beyond	45
Orientees seek guidance	45
Mentors	45
Residency	46
Chapter 11: Paradigm shift: Using evidence-based surveys to evaluate satisfaction with orientation	47
Orientation surveys	47
Section 3: Implementing evidence-based orientation	55
Chapter 12: Justifying change	57
Making the decision	57
Chapter 13: Redesigning your orientation program	59
Key points to keep in mind	59
Examine your program	60
Chapter 14: Tips for revising program components	63
Accelerated learning	63
Learning style	64
Mandatory classes as part of orientation	66
General orientation	69
Nursing orientation	69
Chapter 15: Tips for initiating mentor and residency programs	71
Providing support after orientation	71
Mentor programs	72
Planning a new mentor program	73
Implementing the mentor program	74
Residency programs	76
Conclusion	77
Section 4: Evaluating the effectiveness of evidence-based orientation	79
Chapter 16: Is happiness still important?	81
Introduction	81
Level 1: Reaction	82

Chapter 17: Measuring evidence-based learning .....	.87
Level 2: Learning .....	.87
Measuring preexisting learning .....	.87
Chapter 18: Measuring application of knowledge .....	.91
Level 3: Behavior .....	.91
Chapter 19: Measuring results or impact .....	.95
Level 4: Results .....	.95
Chapter 20: Measuring return on investment .....	.97
Level 5: Return on investment .....	.97
Summary .....	.97

Nursing education instructional guide99
Nursing education exam102
Nursing education evaluation111

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Avillion has published extensively, including serving as editor of the first and second editions of *The Core Curriculum for Staff Development*. Her most recent publications include *A Practical Guide to Staff Development: Tools and Techniques for Effective Education*, published by HCPro, Inc., in Marblehead, MA, and *Nurse Entrepreneurship: The Art of Running Your Own Business*, published by Creative Health Care Management in Minneapolis. She is also a frequent presenter at conferences and conventions devoted to the specialty of continuing education and staff development.

Why is orientation important?

What is orientation? Orientation is the process of helping employees become part of an organization's culture; support its mission, vision, and values; and fulfill specific job responsibilities that enhance organizational effectiveness. Orientation is not only for new employees—it is important for employees changing specialties, assuming new job responsibilities, or changing roles. It is also, arguably, the one facet of program development most likely to cause staff development specialists to groan in unison, shake their heads, and despair of ever coming up with an orientation program that meets the needs of orientees, management, staff, and administration without driving educators to distraction.

Staff development specialists have a tremendous responsibility when it comes to offering orientation. We provide employees with their first impression of the organization or of their new roles, trigger their initial feelings of job satisfaction (or dissatisfaction), and (we hope) encourage the desire to be productive employees whose priority is excellent patient care.

We also must foster the principle that concern for patient welfare is not only the responsibility of direct patient care providers. Everyone who works in a healthcare organization is ultimately responsible for patient safety and wellness. The housekeeper who swiftly cleans up a spill so that patients are not at risk for falling, the maintenance worker who repairs a patient bed, the information systems specialist who makes sure that the computer system safely and securely maintains medical records—all of them are essential to achieving desired patient outcomes.

It would be hard to find someone in your organization who outwardly opposes the idea that adequate education and training increase an employee's likelihood of successful assimilation into the organization. It would also be difficult to find a manager who would admit to purposefully hiring an employee who fails to meet organizational standards (e.g., poor references, lack of interview skills, inadequate education). The reality, however, is that staff development specialists all too often hear comments like the following:

Introduction

- You've got to shorten the length of orientation. I need that new nurse to take a full patient assignment today.
- My unit is so short-staffed, I'll take anyone with a pulse!
- You've got to offer orientation whenever anyone can start work. We don't have time to "schedule" orientation.
- Why do preceptors need to be trained?
- Why can't you (the staff development specialist) precept these new employees?
- The last group of nurses you oriented is terrible. What are you doing wrong?
- I don't care if you think that she's not a good candidate for my critical care night shift position. Just orient her!

Have you had to deal with such comments? Sadly, such comments, or variations thereof, are all too common. Managers who are desperate to fill vacancies are often unable to appreciate the value of orientation. It is up to you to help them recognize that inadequate orientation often leads to inadequate job performance.

The purpose of this book is to offer you practical suggestions, tools, and techniques not only for enhancing your orientation program but also for helping convince others in your organization that a good orientation is directly linked to employee productivity, retention, and return on investment.

Not everyone will be convinced. You will always hear comments about the length, timing, and adequacy of orientation. At times, orientation will continue to be a source of frustration. These are the practical realities of our careers. However, this book will also help you keep your orientation "fresh" by making it easier to update your program and try new methods of presentation that will help you maintain or regain your enthusiasm. Remember that your role in the organization is unique: You create the first impression orientees receive. They will know you and remember you as the first representative of their new workplace.

SECTION ONE

21st-century healthcare expectations and their impact on staff development

Chapter 1: The evolution of orientation

Chapter 2: Statistical update: What the numbers are telling us

Chapter 3: The impact of 21st-century healthcare expectations

Learning objective

After reading this section, the participant should be able to

- identify 21st-century healthcare expectations and the impact of these expectations on the practice of staff development

The evolution of orientation

Orientation is so much a part of staff development practice that it is difficult to believe that the process as we know it today has been in existence for only a few decades. How was the need for orientation first recognized? How do changes in healthcare provision influence the orientation process?

Early days

Florence Nightingale established training schools for nurses in the mid-1800s for the purpose of improving the efficiency of patient care delivery in hospitals. She advocated that nurses embark on a journey of lifelong learning and use acquired knowledge and skills to improve patient care.⁽¹⁾

These early schools of nursing were affiliated with hospitals. Nurses learned the art and science of nursing on patient units, and the hospitals were staffed primarily by students of nursing. Upon graduation, most nurses left the hospital setting and earned their living as private duty nurses in private practice.

Because the majority of care was provided by nursing students and few professional nurses were hired by the hospital, orientation was not a high priority.

However, all of that changed with the Great Depression of the 1930s. The number of people able to afford the services of private duty nurses decreased dramatically, and, for the first time, large numbers of graduate nurses sought work in the hospital setting. This shift in practice setting triggered the need for a variety of staff development services⁽¹⁾.

Chapter One

Newly hired nurses needed to be oriented to hospital routines, policies, procedures, and equipment. They also needed to learn to function as team members who were responsible for large numbers of patients, rather than as nurses in private practice, who seldom cared for more than one patient at a time. Orientation and inservice were generally provided by charge nurses, and on-the-job training was the rule rather than the exception.

Changes continued to take place rapidly in the healthcare arena. During both world wars, professional nurses left the hospital setting in large numbers to enter the armed forces, and the numbers of non-professional staff increased to ease the effect of the departing nurses. This increased the need for orientation, continuing education and training for all healthcare providers.

Emergence of staff development departments

However, it was not until 1953 that the Joint Commission for the Improvement of Care of the Patient proposed that a department devoted to the training and continuing education of nursing department employees be established ⁽¹⁾. Orientation was a top priority of training and education departments, with members of such departments assuming the primary responsibility for the orientation of new employees, including precepting their clinical work.

In 1978, the Joint Commission on Accreditation of Hospitals mandated that a position to oversee and coordinate staff development activities be established in its affiliated hospitals ⁽¹⁾. Training and continuing education (staff development) were becoming legitimate nursing specialties.

Throughout the final decades of the 20th century, rapid advances in technology and the prevention, recognition, and treatment of disease and injury made continuing education and training a vital necessity. Adequate orientation to an organization and job responsibilities assumed even greater importance, and accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) established standards for the provision of new employee orientation. Eventually, these standards included mandates that employees assuming new roles also receive orientation, whether new to the organization or not. Further, the skills and knowledge required for various nursing specialties made it impossible for staff development specialists to provide all facets of orientation, and the preceptor role evolved.

Changing role of the staff development department

As the need for education and training expanded, so did the responsibilities of the staff development department and its staff members. The “nursing staff development department” grew in scope and practice in many organizations to include responsibilities for all employees, not just for those in the department of nursing. These responsibilities included some facets of orientation, such as mandatory training and customer service education. The titles “nursing staff development department” or “nursing education department” changed to “professional development department,” “organizational development department,” or “education department,” thus reflecting the changes in authority and responsibilities. Managers of such departments assumed titles such as Director of Education or Vice-President for Education.

Periodic shortages of qualified healthcare professionals, combined with the ever-changing knowledge and skill base required of such professionals, triggered ongoing orientation concerns. The need for faster and more efficient orientation programs surfaced and continues to plague staff development specialists. “Orientation-on-demand” became the expectation of managers and administrators alike. Expectations of the orientees changed as well, and they continue to change.

For the first time in history, four different generations are represented simultaneously in the workplace. Younger employees expect flexibility in their work schedules (including education offerings) and are comfortable using computer technology to meet their learning needs. Some employees prefer to learn in solitude, while others need the camaraderie and team-building approach of face-to-face learning. Compound these differences with basic variations in learning styles (e.g., visual, auditory, kinesthetic), and the staff development specialist faces a multitude of challenges that, at times, seem insurmountable.

However, despite these considerable challenges, it is an exciting time for staff development specialists. We are recognized by many as essential to the organization’s ability to hire and retain qualified professionals and as vital to the provision of quality patient care.

Chapter One

Reference

1. Avillion, A. E. (2004). *A Practical Guide to Staff Development: Tools and Techniques for Effective Education*. Marblehead, MA: HCPro, Inc.