EVALUATING AND SUPPORTING SUCCESSFUL NURSING ORIENTATIONS

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Bachelor of Science in Nursing, Kwantlen Polytechnic University, 2015
Bachelor of Psychiatric Nursing, Kwantlen Polytechnic University, 2013

A project submitted
in partial fulfilment of the requirements for the degree of

MASTER OF NURSING

Faculty of Health Sciences
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

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Date of Project Presentation: July 6, 2021

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Abstract

According to current literature, unsuccessful hospital-based in-person unit-specific nursing orientation leads to gaps in nurses' unique knowledge and skills to the unit, and feelings of inadequate preparedness. This nursing practice project intends to help bridge the gap between evidence-based successful hospital nursing orientation programs and the existing in-person unit-specific orientation provided to new nursing hires at the project site. Kirkpatrick's Four Levels of Evaluation model guided the development of the In-Person Unit-Specific Nursing Orientation Evaluation Survey. The survey provides nursing leadership with a formal evaluation tool to assess for strengths and opportunities for improvement while offering new nursing hires a chance to provide honest feedback about their nursing orientation experiences to drive positive changes. Best practices from the literature and the survey results were summarized to provide nursing leadership recommendations to establish a successful nursing orientation.

Keywords: nurse, new nursing hire, in-patient, hospital, nursing orientation, Kirkpatrick's model, program evaluation, evaluation, and survey.

Acknowledgments

The life and legacy of my project would not have been possible without the support and encouragement of many people and organizations.

To begin with, my clinical supervisor Katherine Haight from the University of Lethbridge's Master of Nursing program, shared her knowledge and expertise and provided support, encouragement, and mentorship to ensure my nursing practice project experience was successful.

In addition, thank you to the nursing leadership team at my project site for supporting me in making my project successful. Thank you, Melanie Rathgeber (Quality Manager), for sharing your knowledge and letting me shadow you for my clinical practice hours. During my shadowing experience, I gained valuable insights into opportunities for nursing related quality improvement and program evaluation projects. A very special thank you to my key stakeholders, Andria Ryomoto (Clinical Resource Nurse) and Kelly Collins (Clinical Nurse Educator), who dedicated their time and expertise to make the completion of my project possible. Thank you for your partnership and vested interested in strengthening the nursing orientation program.

Also, a special thank you to my family, friends and colleagues for your support and encouragement.

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New Nursing Hire

New nursing hires refer to nurses recently employed by their unit and are Registered Nurses and/or Registered Psychiatric Nurses holding a bachelor's degree in nursing

Nurse Orienter

A nurse orienter refers to a Registered Nurse and/or Registered Psychiatric Nurse whom their unit has assigned to orient new nursing hires.

Hospital-Based Nursing Orientation Program

A hospital-based nursing orientation program provides new nursing hires with valuable information about the organization's values, unit-specific policies and protocols, and expectations of nurses as employees (Regan et al., 2017; Silvestre, 2017).

Transition Programs

Transition programs occur in addition to standardized and unit-specific orientations to support new nursing hires' transitions to a new unit. These typically include a "formal orientation … preceptorships or mentorships, supernumerary time, and education and study days" (Regan et al., 2017; Rush et al., 2015, p. 144; Santucci, 2017; Walsh, 2018).

Preceptors

Preceptors are experienced nurses who support new nursing hires' transitions to new units (Baumann et al., 2019; Flinkman & Salantera, 2015; Perregrini, 2021; Santucci, 2017; Walsh, 2018).

Mentors

Mentors are non-evaluative, and they support new nursing hires during their transition to a new unit (Gazaway, 2016; Rush et al., 2015).

SECTION 1: INTRODUCTION

Positive experiences during hospital-based nursing orientations can shape new nursing hires' success on new units, plus their satisfaction and decision to remain with the organization (Alghamdi & Baker, 2020; Allen, 2011; Monforto et al., 2020; Perregrini, 2021). There is immense pressure on new nursing hires to enter new workplaces prepared to manage patient acuity and healthcare demands. Hospitals have established various nursing orientation programs to support new nursing hires during their transition to a new unit. A hospital-based nursing orientation program provides new nursing hires with valuable information about the organization's values, unit-specific policies and protocols, and expectations of nurses as employees (Regan et al., 2017; Silvestre, 2017). Providing optimal support and training during hospital-based nursing orientations prepares new nursing hires to provide safe and patient-centred care.

Nursing Practice Problem Statement

According to current literature, new nursing hires report that inconsistencies in hospital-based nursing orientations and transition programs negatively impact their transitions to practice (Baumann et al., 2019; Regan et al., 2017; Rush et al., 2015). Unsuccessful hospital-based in-person unit-specific nursing orientation leads to gaps in nurses' unique knowledge and skills to the unit, and feelings of inadequate preparedness.

What Are New Nursing Hires Reporting?

Drawing from personal experience and informal discussions with new nursing hires at the project site, it is evident that inconsistencies with the in-person unit-specific nursing orientation program negatively impact new nursing hires' transitions to a new unit. New nursing hires via informal discussions have reported variations in the number of orientation shifts between nurses, incomplete orientation checklists at the end of orientation, and a lack of check-ins about their

orientation progress. Plus, unit nurse orienters change depending on staffing challenges. Overall, new nursing hires informally report feeling a lack of support when transitioning into practice.

Why Should We Evaluate New Nursing Hires' Orientation Experiences?

According to the literature, organizations can gain valuable insights by evaluating new nursing hires' orientation experiences. Insights include identifying areas of strength and opportunities for improving orientation programs, assessing nurse orienter performance, assessing for negativity related to the workplace, and ensuring orientation programs operate effectively and efficiently (Jeffery et al., 2018). Most importantly, it allows the organization to demonstrate to new nursing hires that they are valued team members and their feedback matters.

The Proposed Solution

Part one of the proposed solution was to create an In-Person Unit-Specific Nursing Orientation Evaluation Survey. The survey evaluated new nursing hires' individual experiences of the existing in-person unit-specific nursing orientation program. Part two was a presentation to key stakeholders with evidence from the survey data and literature about strengths, opportunities for improvement, and best practice strategies to establish a successful nursing orientation program.

Why is the Project Important?

This practice project in nursing intends to help bridge the gap between evidence-based successful hospital nursing orientation programs and the existing in-person unit-specific orientation provided to new nursing hires at the project site. Poor nursing orientation experiences lead to new nursing hires feeling unsupported and unable to manage their workload, gaps in knowledge and skills, and decreased nursing retention (Santucci, 2017). This project offers new nursing hires an opportunity to provide honest feedback about their nursing orientation experiences to drive positive changes. Furthermore, the project will support nursing leadership

with establishing successful nursing orientations that increase nurses' unique knowledge and skills to the unit, and feelings of adequate preparedness.

This project paper explores the literature related to new nursing hires' perceptions of nurses' unique knowledge and skills to the unit, feelings of adequate preparedness, and best practice hospital-based nursing orientation programs. Using Kirkpatrick's Four Levels of Evaluation model, this paper will highlight the In-Person Unit-Specific Nursing Orientation Evaluation Survey's development, implementation process, and results

SECTION 2: LITERATURE REVIEW

The literature directly related to nurses' experiences of their unit-specific orientation is limited. This literature review will provide evidence highlighting best practices in hospital-based nursing orientation programs, new nursing hires' perceptions of nurses' unique knowledge and skills to the unit, and feelings of adequate preparedness related to their hospital-based nursing orientation experiences. The project lead completed a systemic review of the literature using databases within the University of Lethbridge and the University of British Columbia's Graduate Research open collections. The project lead used a combination of the following keywords for the search: nurse or nurses or nursing or nursing staff or registered nurses, new graduate nurses or new nurse or novice nurse or new hire, hospital, or acute setting or in-patient or ward or acute hospital or hospital ward or hospital room, orientation or onboarding or training, orientation for new nurses, orientation programs and orientation, preceptorship or residency or transition program, quality improvement, employee orientation, and Kirkpatrick's model. Inclusion criteria were the following: peer-reviewed, scholarly, any country, published in English after 2010, and focuses on hospital-based or unit-specific nursing orientation programs.

Definition of Nursing Orientation Programs

Nursing orientation is the traditional method of supporting and transitioning new nursing hires into the workplace. Nursing orientation programs familiarize new nursing hires with the organization, hospital policies, unit-specific protocols, infrastructure, new work environment, and relevant expectations, plus providing supernumerary time for clinical training (Rush et al., 2015; Silvestre, 2017). Nursing orientation programs can be about the healthcare agency or unit-specific; primarily, orientation includes providing new nursing hires with the required information for successful transitions onto the unit (Regan et al., 2017). Usually, unit-specific nursing orientations follow general hospital orientations. Unit-specific nursing orientations are

typically a week in duration, with didactic instruction and limited opportunities for new nursing hires to engage (Santucci, 2017). The lack of engagement leaves new nursing hires with unanswered questions and puts added pressure on orientations (Santucci, 2017). Therefore, unit-specific nursing orientations should be innovative and comprehensive with a strong foundation. Orientations should meet the new nursing hires learning needs and promotes their competence and confidence (Santucci, 2017).

Role of The New Nursing Hire During Nursing Orientation

For this project, new nursing hires refer to nurses recently employed post-March 2020 by their unit and are Registered Nurses and/or Registered Psychiatric Nurses holding a bachelor's degree in nursing. During orientation, the new nursing hire's role is to learn the knowledge and skills unique to the unit and build their competency, confidence, and feelings of adequate preparedness.

Role of The Nurse Orienter During Nursing Orientation

For this project, a nurse orienter refers to a Registered Nurse and/or Registered Psychiatric Nurse whom their unit has assigned to orient new nursing hires. The nurse orienter is responsible for guiding and supporting the new nursing hires' safe and effective transition to the unit.

Scope and Nature of The Problem

Barriers to Successful Nursing Orientation Programs – New Nursing Hire Perspective

New nursing hires report common themes during orientations such as lack of confidence and self-esteem, inadequate skills, insecurity, and inadequate critical thinking, prioritization, and time management skills, plus the inability to manage increased role responsibilities and workload demands, and difficulty communicating with colleagues and physicians (Gazaway, 2016; Lesher

et al., 2021; Rush et al., 2015; Santucci, 2017). Also, inadequate staffing levels cause heavy workloads and work demands, negatively impacting new nursing hires' ability to practice safely (Regan et al., 2017). Workload refers to "the number of patients, the complexity of their situations, and their care" (Charette et al., 2019, p. 3624). Similarly, Canadian new graduate nurses report challenges with orientations and transition programs, such as unanticipated changes to orientation length, unfavourable and unfriendly unit cultures, bullying from colleagues, information overload, the inability to concentrate, lack of information retention, the inability to delegate tasks, poor nurse to patient ratios, nurse orienters with outdated skills, and lack of support (Charette et al., 2019; Lamers et al., 2013; Regan et al., 2017; Rush et al., 2015; Smith, 2013).

Canadian nurses report variations in their nursing orientation programs. Some new nursing hires report receiving four to five orientation shifts to review hospital policies, complete unit tours, and receive information about pay stubs (Regan et al., 217). In contrast, others reported that receiving a comprehensive orientation plus 21 buddy shifts were reassuring while transitioning to new units (Regan et al., 2017). Literature reveals that nurses in the United States (US) receive at least 11 weeks of orientation, whereas nurses in British Columbia (BC), Canada average less than three weeks (Baumann et al., 2019).

Barriers to Successful Nursing Orientation Programs – Nurse Leaders' Perspective

Nurse leaders encounter challenges supporting new nursing hires' transitions to practice, such as organizational constraints, increasing fiscal challenges, and inadequate resources (Gazaway, 2016; Lamers et al., 2013; Regan et al., 2017; Smith, 2013). These challenges limit the amount of available and accessible resources. A lack of available nursing positions causes a lack of exposure and shift availability during nurses' transitions to new units (Regan et al., 2017).

New nursing hires comfort levels with unit-specific tasks, and nursing skills link directly to the quality of support provided during orientation (Alghamdi & Baker, 2020). To retain nurses in the workforce and meet healthcare services needs, we must provide opportunities for successful orientations (Regan et al., 2017).

Barriers to Successful Nursing Orientation Programs – Lack of Formal Preceptorships/Mentorships

Unanticipated changes to or lack of a preceptor/mentor or multiple preceptors/mentors during orientation are problematic (Regan et al., 2017). The use of multiple preceptors and mentors causes inconsistencies in orientation (Regan et al., 2017; Smith, 2013). Lack of formal mentorship/preceptorship programs, staff turnover, staffing challenges, and scheduling issues impact consistency with preceptors/mentors (Regan et al., 2017).

Overview of Current Strategies Used to Address the Problem

Unit-Specific Orientation Class

The primary focus of this project is improving unit-specific nursing orientations. The literature recommends implementing formal unit-specific orientation classes to educate new nursing hires on the most common diagnosis, patient population, and procedures (Santucci, 2017). A US hospital orientates its new nursing hires on a surgical unit via a two-day class (Santucci, 2017). The class provides hands-on training, a review of unit-specific competencies, and tours of the unit and hospital site (Santucci, 2017). The orientation program increased nurses' basic unit knowledge and nurse retention rates (Santucci, 2017).

Similarly, a US hospital developed a unit-specific orientation program consisting of six classes in two or four-hour periods (Mangold, 2019). They offered clinical practice experiences with constructive feedback (Mangold, 2019). Nurse participants demonstrated an improvement in

all previously identified gaps and expressed that it made their transition to the unit smoother (Mangold, 2019).

In 2018, newly hired pediatric critical care nurses participated in a two-day critical care orientation class, along with unit-based orientation classes (Monforto et al., 2020). The program consisted of online modules, skills-based classes, simulations, debriefs, pre-tests, and post-tests (Monforto et al., 2020). Program results revealed significant increases in participant's knowledge and critical thinking skills (Monforto et al., 2020). Program participants reported satisfaction with the program format and that clinical simulation increased their confidence (Monforto et al., 2020).

A Cancer Center in the US implemented an enhanced oncology nursing orientation program consisting of an on-site one-day session (Kuhrik et al., 2011). The sessions occur monthly for new nursing hires and are specific to the center's five specialty units (Kuhrik et al., 2011). Key leaders from each specialty unit provide information about their unit's purpose and policies, patient population and journey, transplant services, and the nurse's role (Kuhrik et al., 2011). The participant concludes their day by selecting a shadowing experience on a specialty unit (Kuhrik et al., 2011). The program reports improved working relations between units, nursing retention, job satisfaction, and patient care (Kuhrik et al., 2011).

Unit-Specific Orientation Pathway and Checklist

A US hospital implemented a unit-specific nursing orientation competency-based pathway and checklist to standardize orientations while allowing flexibility to meet learners' needs (Allen, 2011). The pathway structured the sequence for orientation activities and skill acquisition in weekly segments (Allen, 2011). Weekly, preceptors and new hire nurses would document progress (Allen, 2011). Preceptors and unit managers used the pathway guidelines to

modify opportunities to support new nursing hires' learning goals (Allen, 2011). The program revised the existing orientation checklist to group activities to align with the pathway (Allen, 2011). All new hire nurses received eight hours of hospital orientation, eight hours of reviewing unit-specific policies and procedures, a four-hour clinical lab to practice skills, along with additional unit-specific training such as telemetry and electrocardiograms (Allen, 2011). Then new nursing hires were paired with a preceptor to complete their pathway and checklist, with support from nurse educators as needed (Allen, 2011). Program results revealed an improved quality of orientation and decreased costs, plus new nursing hires were satisfied with the program (Allen, 2011).

Extended Orientations

New nursing hires, similar to new graduate nurses', can experience increased job satisfaction and retention rates when individualized learning needs are met with extended orientations (Rush et al., 2015; Walsh, 2018). Comprehensive orientation programs provide adequate time for new nursing hires to develop their skills (Santucci, 2017).

A Canadian hospital implemented a nursing orientation program consisting of five days of classwork, 19 days of unit-specific orientation with a preceptor, and three months of stable employment on the same unit (Charette et al., 2019). This stability aligns with best practice and provides nurses with the ability to develop relationships with their multidisciplinary team, interact with various experienced nurses, and collaborate with colleagues (Charette et al., 2019; Guay et al., 2016).

In Ontario, Canada, extended orientations were trialed at a tertiary pediatric facility to integrate new graduate nurses into a complex clinical setting working with children and families (Baumann et al., 2019). The study determined that extended orientations that included

"mentorship, a gradual increase in clinical responsibilities, and involvement in the professional role" positively improved nurses' work readiness, strengthened patient care, increased nursing confidence, and supported healthy staffing (Baumann et al., 2019, p. 823). Preceptors agreed that extended orientations helped new graduate nurses feel welcome and included on the unit (Baumann et al., 2019). Nurse leaders provided feedback that extended orientations provided opportunities for supported clinical experiences (Baumann et al., 2019). Research demonstrates that extended orientation programs decrease staff turnover, mitigate job stressors, encourage a viable workforce, and support the transition to practice (Baumann et al., 2019).

Transition Programs

The US recommends incorporating transition programs as standard practice (Rush et al., 2015). Transition programs are also known as new graduate programs, internships, fellowships, and residencies. Transition programs typically include a "formal orientation, formal or informal preceptorships or mentorships, supernumerary time, and education and study days" (Rush et al., 2015, p. 144). The literature recommends that transition programs occur in addition to standardized orientations and unit-specific orientations and provide mentor support to increase nurse retention and support transitions to practice (Regan et al., 2017; Rush et al., 2015; Santucci, 2017; Walsh, 2018).

Transition programs should offer adaptable workloads and stability to optimize the learning environment and build on clinical competencies (Charette et al., 2019, Santucci, 2017). Evidence suggests that supernumerary time for nurses is essential because it allows time to focus on learning new roles without workload and time management challenges (Rush et al., 2015). Formal transition programs have increased retention rates, supported smooth transitions to

practice, and decreased bullying towards new nursing hires (Kram & Wilson, 2016; Regan et al., 2017; Rush et al., 2015; Santucci, 2017; Silvestre, 2017).

A study in Taiwan from 2014 recommends that the length of nursing orientation be a minimum of 12 months (Baumann et al., 2019). In 2017, the American Association of Colleges of Nursing made a similar suggestion, stating that orientations of one-year duration were the most effective at supporting new nursing hires' transitions (Baumann et al., 2019; Guay et al., 2016). For the healthcare budget and operational costs, orientation and transition programs provide positive outcomes such as higher nursing retention, decreased turnover cost, and increased workforce stability (Regan et al., 2017; Silvestre, 2017). Charette et al., 2019 reported savings of up to $300,000-$800,000 annually for health authorities in the US who utilized transition programs.

Phased Orientations

New nursing hires report they want to gradually acquire competencies, such as time management, critical thinking, prioritization, communicating with colleagues and managers, and managing workload demands and role responsibilities physicians (Rush et al., 2015; Santucci, 2017). Structuring nursing orientations in phases allows new nursing hires time to build their confidence, learn unit-specific nursing competencies with support from peer mentors and unit managers, and gradually receive higher acuity and complex patients while ensuring patient safety (Alghamdi & Baker, 2020; Baumann et al., 2019; Santucci, 2017). In the US, phased nursing orientation programs have "received recognition for exemplifying best practice … the gold standard for orientation" (Santucci, 2017, p. 34).

The phased orientation model has three to four phases at a US hospital over a 10–13-week duration (Santucci, 2017). The program consists of preceptor support and planned check-ins to

review progress and initiate learning plan goals (Santucci, 2017). The program review revealed increases in retention rates and decreased turnover rates (Santucci, 2017).

Residency Programs

Residency programs can vary in length from 6-12 months, and the context is relevant to the clinical population (Walsh, 2018). A US hospital implemented a six-month nurse residency program consisting of a one-month five-days a week general clinical orientation on a medical or surgical unit (Crimlisk, 2017). They are followed by rotating unit-based specialty clinical orientation on five units with continued specialty education (Crimlisk, 2017). Also, the program uses an education model consisting of lectures, simulations, technical skills, case discussions, and critical-thinking scenarios (Crimlisk, 2017). Program results revealed increased nurse retention rates, aligning with residency programs' literature (Crimlisk, 2017). Participants were satisfied with their preceptors, clinical practice opportunities, and support in integrating socially into the team (Crimlisk, 2017). Participants reported increased confidence, knowledge of policies and procedures, and ability to provide competent patient care (Crimlisk, 2017).

In addition to their hospital orientation, a US hospital implemented a year-long comprehensive hospital-based nurse residency program (Medas, 2015). The program consisted of five phases: shadowing experiences on units, orientation to policies and procedures, simulation experiences, unit-specific orientation, and mentorship. Program participants reported an increase in their confidence, ability to communicate with physicians, asking for help, and feeling prepared (Medas, 2015). Program results revealed an elevation in participant retention rates (Medas, 2015).

Fellowship Programs

A pediatric nurse fellowship program in the US is a year-long hospital-based orientation to its four specialty units (Friedman et al., 2013). The 52-week program consisted of assignments, simulation, unit-specific orientations, gradual increases in patient acuity, mentorship, preceptorship, in-class education days, a clinical pathway, and independent patient assignments with a resource staff (Friedman et al., 2013). The program improved participants' retention rates, decreased the turnover of participants on the units and led to significant financial savings (Friedman et al., 2013). Participants reported increased confidence, critical thinking, knowledge base, and communication abilities (Friedman et al., 2013). Plus, participants reported they wanted to remain employed on the unit (Friedman et al., 2013).

Nurse Internship Program

A hospital in the US implemented a perinatal nurse internship orientation program (Lesher et al., 2021). The program consists of 14 evidence-based modules specific to their high-risk patient population, simulations, an introductory week to review some modules, case studies, lectures, clinical orientation day-shifts with perinatal mentors, a competency worksheet to track progress, and 18-weeks total of unit-specific orientation on all units (Lesher et al., 2021). Program results revealed increased retention rates (Lesher et al., 2021).

Mentorship and Buddy Programs

Mentors and buddy nurses are non-evaluative, and they support new nursing hires during their transition to a new unit with professional development, job satisfaction, and developing leadership skills (Gazaway, 2016; Rush et al., 2015). Canadian nurse leaders report positive experiences with mentorship programs which can be formal or informal, occurring beyond the orientation period (Spiva et al., 2013). Informal mentor programs assign an experienced nurse to

support a new graduate nurse on the unit for a specified duration (Regan et al., 2017). Canadian nurses report that mentorship programs were crucial for building their confidence, support networks with experienced nurses, and learning the expectations of a professional nurse (Regan et al., 2017). Canadian nurses report that mentorship programs provided the opportunity for consistent and constructive feedback and fostered a supportive and safe work environment (Regan et al., 2017). Mentors and buddy nurses help nurses experience decrease stress, bolster their confidence, maintain best practices, and consolidate their learning (Gazaway, 2016; Regan et al., 2017).

Preceptors and Nurse Orienters

Evidence suggests that adequately trained preceptors are fundamental to successful orientation and transition programs (Rush et al., 2015). Preceptors are experienced nurses who provide a supportive and healthy learning environment, are empathetic, guide new nurse hires' transitions to the unit, and support with socialization to the unit (Baumann et al., 2019, p. 828; Flinkman & Salantera, 2015; Perregrini, 2021; Santucci, 2017; Walsh, 2018). Preceptors are responsible for providing new nursing hires with constructive feedback and unit-specific learning opportunities such as "common practices, clinical tasks, documentation, paperwork, and unit cultural norms" (Santucci, 2017, p. 41). Like preceptors, nurse orienters have similar responsibilities when supporting new nursing hires. Literature suggests highly skilled preceptors contribute to improved confidence, critical thinking, and prioritization skills, as well as orientation satisfaction for nurses (Santucci, 2017; Spiva et al., 2013; Walsh, 2018). Literature links the use of preceptors with decreases in medication errors, and patient falls, demonstrating improved care quality (Peltokoski, et al., 2015).

Evidence suggests that preceptor training leads to increased preceptor confidence and the ability to provide coaching and constructive feedback to new nursing hires (Peltokoski et al., 2015; Spiva et al., 2013). Having confident and skilled preceptors is proven beneficial for healthcare organizations because they decrease turnover costs (Flinkman & Salantera, 2015; Peltokoski, et al., 2015; Santucci, 2017). Nurse leaders recognize that preceptors require continuing support and skill development to successfully support a new graduate nurse's transition to practice (Baumann et al., 2019; Perregrini, 2021). Therefore, nurse orienters and preceptors with adequate teaching and clinical skills set both the preceptor and new nursing hire up for success (Santucci, 2017).

A Nursing University Program

A US hospital introduced a Nursing University Program consisting of two days to review unit-specific topics for new nursing hires (Culley et al., 2012; Santucci, 2017). The program consists of classroom work, simulation labs, lectures, and opportunities to perform skills in a controlled environment (Culley et al., 2012; Santucci, 2017). Plus, nurses receive feedback from nurse educators to develop learning plans accordingly (Culley et al., 2012; Santucci, 2017). The program results revealed decreased medication, documentation, and lab errors, lower staff turnover for participants, and participant satisfaction with the program (Cully et al., 2012; Santucci, 2017).

High-Fidelity Simulations

Healthcare recognizes simulation as an effective teaching strategy resulting in positive outcomes such as improved skills and confidence (Lamers et al., 2013). Simulation allows new nursing hires to practice skills, demonstrate competency, gain technical and communication skills, and increase their knowledge, all of which supports safe patient care (Kram & Wilson,

2016; Lamers et al., 2013). Hospitals in Ontario, Canada, implemented a simulation-based orientation program for new nursing hires (Lamers et al., 2013; Murphy & Janisse, 2017). The program corrected practice gaps and decreased potential risks to patient care (Murphy & Janisse, 2017). Program participants reported an increase in their competence, confidence and felt better prepared to work on their unit (Murphy & Janisse, 2017).

New Graduate Nurse Programs in Ontario, Canada

Literature suggests that new graduate nurse programs (NGNP) should be considered an investment due to their positive correlation with decreased nursing turnover rates and labour costs (Guay et al., 2016; Trepanier et al., 2012). NGNP produces highly skilled and confident nurses (Trepanier et al., 2012). As a continuation of orientation, NGNP further supports new graduate nurses with developing skills, professional judgment, decision-making skills, and effectively performing as a professional nurse (Kramer et al., 2013). NGNP in Ontario, Canada, are preceptorship-based and consist of 12 weeks of supernumerary time (Guay et al., 2016). Findings from a study evaluating NGNP in Ontario, Canada, revealed that 82.8% of new graduate nurses had positive experiences with their preceptor and felt prepared to practice independently (Guay et al., 2016).

New Graduate Nurse Programs in British Columbia, Canada

In BC, each health authority's nursing orientation and transition programs vary in length due to budgets and the allocation of resources to programs (Rush et al., 2015). A study in BC revealed that NGNP in acute care settings improved nurses' ability to prioritize, communicate with team members, demonstrate leadership capabilities, build support networks, and overall job satisfaction (Rush et al., 2015). Also, nurses reported an increased ability to connect with their patients and develop professional relationships with team members due to the more extended

orientation (Rush et al., 2015). Evidence related to NGNP in BC suggests that nursing orientation should be a minimum of four weeks in duration, with at least 49 hours of orientation time in two weeks (Rush et al., 2015).

Implications for Nursing Management

When the organization supports nurses' transitions to new units and nurse leaders to create optimal learning environments, there are positive returns on everyone's investment (Regan et al., 2017). Canadian evidence recommends that organizations provide nurse leaders with adequate resources, such as staffing and manageable nurse-to-patient ratios for experienced and new graduate nurses (Regan et al., 2017). Nurse leaders have a responsibility and play a vital role in fostering supportive, safe, and inclusive unit cultures. Unit cultures where new nursing hires do not fear criticism, can freely ask questions and seek feedback (Regan et al., 2017). Leadership styles that are relational-focused positively enhance "teamwork, collaboration, and empowerment," contributing to a quality nursing work environment (Regan et al., 2017, p. 247).

Evidence-informed transition strategies recommend that nurse leaders ensure manageable workloads during orientation (Regan et al., 2017). Also, nurse leaders should select the units and patient populations that would be the best fit for the nurse when assigning an orientation unit (Regan et al., 2017). Nurse leaders recognize the importance of consolidation shifts. A strategy used for non-full-time nurses to ensure they receive adequate orientation shifts was assigning nurses to available full-time lines for three months to consolidate their learning (Regan et al., 2017). Literature encourages employers to collaborate with new nursing hires when scheduling orientation shifts, ensuring nurses are provided with adequate orientation hours as they transition to new units (Rush et al., 2015). Nurse leaders are encouraged to include new nursing hires in discussions about patient flow, staffing, and quality improvement opportunities (Regan et al.,

2017). Promoting an inclusive environment where nurses feel valued and build their professional expertise (Regan et al., 2017).

Identified Gaps in Literature

There is minimal research on unit-specific nursing orientation, nurses' perceptions of and satisfaction with orientation programs, and nurses' experiences of transition to practice (Alghamdi & Baker, 2020; Santucci, 2017).

Identified Strengths in Literature

There were common themes across relevant literature supporting unit-specific nursing orientation programs and new nursing hires' transitions to practice. Literature suggests implementing formal transition programs in addition to hospital and unit-specific orientation programs (Rush et al., 2015). Such programs will bolster new nursing hires' confidence and ability to prioritize patient safety (Alghamdi & Baker, 2020). Plus, provide unit-specific classes and incorporate high-fidelity simulations (Lamers et al., 2013). Also, the literature suggests implementing mentorship and preceptorship programs that thoroughly support nurse orienter and preceptor training (Rush et al., 2015). The most common recommendations in literature to improve new nursing hires' orientation experiences were to adequately train preceptors and extend the duration of orientation programs (Alghamdi & Baker, 2020; Charette et al., 2019; Lamers et al., 2013; Rush et al., 2015; Santucci, 2017).

SECTION 3: PROJECT DESCRIPTION

The Project Site

The project site is three in-patient mental health units at a pediatric hospital. New nursing hires receive their initial in-person unit-specific nursing orientation on one of the three units. Due to COVID-19 related organization changes, Unit One is primarily an overflow unit, which means they are an extension of the psychiatric crisis stabilization unit. Unit One services children or adolescents in psychiatric crises that require stabilization or emergency hospital intervention. Unit One receives patients from Unit Two and Unit Three to support bed availability. Unit Two services adolescents experiencing psychiatric illness requiring in-patient care and has overflow capacity like Unit One. Unit Three services children and adolescents diagnosed with eating disorders and has overflow capacity like Unit One.

The Existing In-Person Unit-Specific Nursing Orientation Program

This project's primary stakeholders, the clinical resource nurse and clinical nurse educator provided insight into the current in-person unit-specific nursing orientation components and additional orientation requirements. The standard in-person unit-specific nursing orientation consists of four twelve-hour shifts: two-day shifts, one evening shift, and one later evening or night shift. The four shifts may be together or split up. New nursing hires pair with a nurse orienter for all four shifts, which aligns with the literature's recommendation that new nursing hires have a support person to smooth transitions to a new unit (Santucci, 2017; Spiva et al., 2013; Walsh, 2018). The new nursing hire is supernumerary on day one of four, and providing supernumerary time aligns with best practices (Guay et al., 2016; Regan et al., 2017; Rush et al., 2015; Santucci, 2017; Silvestre, 2017; Walsh, 2018). New nursing hires' primary role on day one is to shadow their nurse orienter. New nursing hires are encouraged to complete their orientation checklist; however, it is not mandatory.

The nurse orienter may have a lighter patient assignment to allow them greater availability to provide orientation and work through the orientation checklist with the new nursing hire. A lighter patient assignment for the nurse orienter aligns with best practices that organizations provide manageable nurse-to-patient ratios for experienced and new graduate nurses (Regan et al., 2017). New nursing hires are provided with daily check-ins with their orientation unit's clinical resource nurse to support learning and progress. The unit's clinical resource nurse will seek nurse orienter feedback about the new nursing hire's performance to support continuing learning needs.

Consolidation Shifts

In addition to the unit-specific orientation, optional consolidation shifts are offered to support learning depending on the new nursing hire's learning needs and scheduling availability. Consolidation shifts align with best practices because organizations meet individual learners' needs by extending orientations (Rush et al., 2015; Walsh, 2018). Consolidation shifts vary in the number of shifts, shift types, and shift lengths. During consolidation shifts, the new nursing hire counts as baseline staff, so they are not supernumerary. The new nursing hire's patient load may be lighter and more manageable, aligning with best practices (Regan et al., 2017). The new nursing hire will also continue to have daily check-ins with their orientation unit's clinical resource nurse to support learning and progress.

Additional Mandatory Training

New nursing hires receive the following mandatory training in addition to unit-specific orientation and optional consolidation shifts. A three-day on-site Pediatric Mental Health Nursing orientation within the first three months of their start date. Providing site-specific mental health orientation aligns with best practices (Allen, 2011; Culley et al., 2012; Santucci, 2017). On-site

MANDT training for three days, holistic and evidence-based training to reduce workplace violence, must be completed within the first 30 days of their start date. Providing violence prevention training ensures individuals' safety and aligns with best practices. Plus, online learning modules and a meeting with their clinical nurse educator to review their required orientation education. Literature suggests that in addition to brief unit-specific nursing orientation programs, which are ineffective and not uncommon, there needs to be a more robust, comprehensive, structured, and lengthier orientation that includes a transition program.

Project Goals and Rationale

This practice project in nursing intends to help bridge the gap between evidence-based successful hospital nursing orientation programs and the existing in-person unit-specific orientation provided to new nursing hires at the project site. This project aims to evaluate new nursing hires' perceptions of their in-person unit-specific nursing orientation experience, the orientation's effectiveness in increasing nurses' knowledge and skills, and feelings of adequate preparedness. Literature suggests evaluating nursing orientation programs to ensure they are effective, efficient and add value for nurses, units, and the organization (Jeffery et al., 2018). Reasons to evaluate new nursing hire's orientation experience are to gain insight into opportunities for improvement, acquire feedback on preceptor performance, check for negative attitudes, and show the new nursing hire that they matter (Jeffery et al., 2018). Evaluations of nursing orientation programs should identify areas of strengths and challenges so appropriate modifications can be made (Jeffery et al., 2018).

Target Populations and Stakeholder Engagement

Stakeholder Engagement

The project lead reviewed personal experience on the mental health units as a nursing student, new nursing hire, nurse orienter, and preceptor with nurse leaders to engage stakeholders. While temporarily working in various nursing leadership roles, the project lead engaged in informal discussions with colleagues and potential stakeholders about improving the in-person unit-specific nursing orientation experience for new nursing hires. These informal discussions helped establish this project's goals to evaluate the project site's existing in-person unit-specific nursing orientation program and improve the new nursing hire's in-person unit-specific nursing orientation experience.

Primary Target Audience and Their Role

For this project, the primary target audience was new nursing hires, both novice and experienced. Due to COVID-19 related changes on the three orientation units, only new nursing hires who had completed their unit-specific orientations between March 1, 2020, to June 27, 2021, were eligible to complete the voluntary In-Person Unit-Specific Nursing Orientation Evaluation Survey. Their role was to complete the In-Person Unit-Specific Nursing Orientation Evaluation Survey to evaluate their individual unit-specific nursing orientation experiences. The project target was to have at least 80% of all new nursing hires complete the survey. New nursing hires received email invitations to participate with a letter of information and a link to the online survey using Google Survey. Other options to participate were direct via a Zoom session with the project lead at the participant's request. Completion of the survey implied consent.

Secondary Target Audience and Their Role

The secondary target audience was nursing leadership, primarily the project's key stakeholders, the clinical resource nurse (CRN), and the clinical nurse educator (CNE). The CRN and CNE are relevant to this project because they create and implement educational resources and in-services for nurses, facilitate nursing orientations, and support nurses' professional growth. Their primary roles for this project were to act as subject matter experts, review strengths and areas for improvement of the existing in-person unit-specific nursing orientation program, and provide input on the In-Person Unit-Specific Nursing Orientation Evaluation Survey. Plus, whenever possible, they frontloaded new nursing hires before their orientation start date about the option of completing a voluntary In-Person Unit-Specific Nursing Orientation Evaluation Survey.

Zoom meetings, in-person discussions, and email communication were utilized with the CRN and CNE to review the project's purpose, stakeholders' role as subject matter experts, share insights about strengths and areas of improvement with the existing orientation program, and available resources to implement future recommendations. Additionally, the project lead sent follow-up emails to the CRN and CNE with progress updates, requests for feedback, and opportunities to address concerns. Interest and buy-in from the subject matter experts are vital for implementing future recommendations. For this project, stakeholder feedback validated the need for an evaluation tool such as the In-Person Unit-Specific Nursing Orientation Evaluation Survey meeting stakeholder expectations.

Ethical Considerations

The project lead reviewed ethical considerations for this project using the A pRoject Ethics Community Consensus Initiative (ARECCI). This ethical review was mandatory for this nursing project to assess and mitigate ethical risks and ensure the project falls in the realm of

quality improvement, quality assurance, and program evaluation, not research. Upon completing the ARECCI, the project score was zero, signifying minimal risk.

Kirkpatrick's Four Levels of Evaluation Model

Literature suggests that Kirkpatrick's Four Levels of Evaluation is an appropriate model to evaluate nursing orientation and education programs (Campbell et al., 2019; Jeffery et al., 2018; Maddineshat et al., 2018). Kirkpatrick's Four Levels of Evaluation are "reaction, learning, behaviour, and results," and results is excluded from this project (Jeffery et al., 2018, p. 132-135). The level reaction "measures learner satisfaction and motivation, learning measures the degree to which knowledge, skills, or attitudes were acquired or changed," behaviour measures "behavioural performance change after returning to the clinical environment," and results "measures organizational results" (Campbell et al., 2019; Jeffery et al., 2018, p. 132-135; Maddineshat et al., 2018). The level "results" is excluded from the project because it is consuming in terms of time and money, requires access to information related to "retention/turnover rates, patient care quality indicators, cost-benefit ratios," focuses on budgets and organization results, which are not the primary focus of this project and will not meet the project's time constraints (Jeffery et al., 2018, p. 132-137).

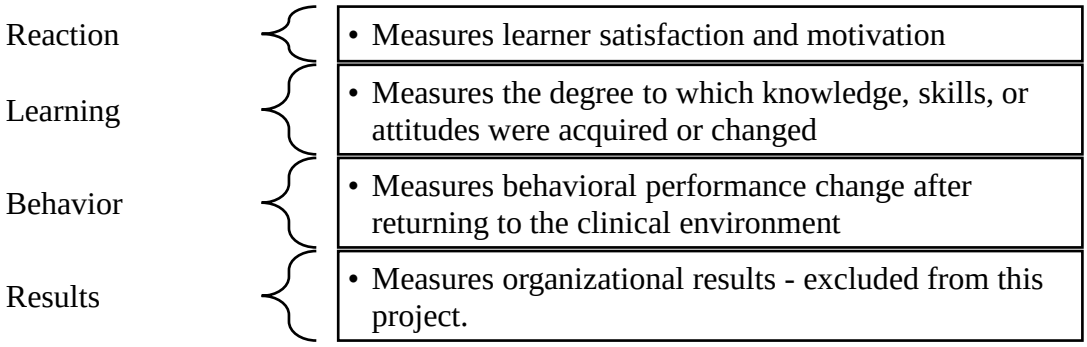

Figure 1: Kirkpatrick's Four Levels of Evaluation, adapted from Campbell et al., 2019; Jeffery et al., 2018, p. 132-135; Maddineshat et al., 2018

Project Development and Implementation

This project has two deliverables: part one, the In-Person Unit-Specific Nursing Orientation Evaluation Survey, and part two is a presentation to key stakeholders. A logic model was utilized to outline project goals and objectives and intended results to guide the development of this project (See Appendix E).

Part 1: Survey Development and Rationale

Jeffery et al., (2018) suggest that surveys are an effective evaluation method for orientation programs. Canadian studies that have evaluated nurses' transitions to practice experiences have utilized surveys (Alghamdi & Baker, 2020; Jeffery et al., 2018; Medas, 2015; Peltokoski et al., 2015; Rush et al., 2015). Jeffery et al., (2018) recommend using surveys, Likert scales, open-ended questions, and interviews to assess learners' reactions and satisfaction. To assess learning and behaviour, Jeffery et al., (2018) suggest providing the option of nurses self-reporting. This project developed an In-Person Unit-Specific Nursing Orientation Evaluation Survey to assess the three levels, reaction, learning, and behaviour. Kirkpatrick's model allowed the project to structure and categorize the In-Person Unit-Specific Nursing Orientation Evaluation Survey questions, analyze the responses, and report the findings aligning to the three levels (Campbell et al., 2019; Maddineshat et al., 2018). The In-Person Unit-Specific Nursing Orientation Evaluation Survey questions, format, and layout align with best practice recommendations from Jeffery et al., 2018.

Part 1: Survey Development

Part one is the In-Person Unit-Specific Nursing Orientation Evaluation Survey, a standardized set of 18 questions completed via Google Survey. The 18 question survey has a Likert scale (on a scale of 1–4 [from Strongly Disagree to Strongly Agree] and [from Completely

Unprepared to Very Well Prepared]), open-ended, closed-ended, and multiple-choice questions for new nursing hires and takes 20 mins or less to complete. The In-Person Unit-Specific Nursing Orientation Evaluation Survey questions gathered feedback about new nursing hires' in-person unit-specific nursing orientation experiences, assessed the impact on nurses' unique knowledge and skills to the unit and feelings of adequate preparedness. Plus, it evaluated the strengths and opportunities for improvement with the existing in-person unit-specific nursing orientation.

Part 1: The Rationale for Survey Questions and Scoring Method

The 18 question In-Person Unit-Specific Nursing Orientation Evaluation Survey has four sections (see Appendix B). Section one evaluates demographics such as years of relevant nursing experience, orientation length, and opportunities for supernumerary shifts (See Table 1). Section two uses a Likert scale (on a scale of 1–4 [from Strongly Disagree to Strongly Agree]) to assess feelings of adequate preparedness post-orientation, satisfaction with their nurse orienter's level of expertise, and satisfaction with check-ins with their nurse leaders (See Table 1). For evaluating the survey responses, it was determined that if > 50% of responses for the item were 1 or 2, the item would be classified as disagree. If > 50% of responses for the item were 3 or 4, the item would be classified as agree.

Table 1: Survey Section One and Two and Links to Literature

Survey Sections One and Two – Questions	Links to Literature
Q6: Overall, how long was your in-person unit-specific nursing orientation? Please INCLUDE all orientation shifts, AND if applicable, all additional consolidation shifts into your TOTAL shift count?	(Regan et al., 2017; Rush et al., 2015; Walsh, 2018)
Q7: For how many of your orientation shifts and consolidation shifts were you assigned as SUPERNUMERARY? *SUPERNUMERARY means you were an EXTRA nurse on the unit; you DID NOT count as baseline staff; you worked alongside an experienced nurse who had a patient assignment.	(Guay et al., 2016; Regan et al., 2017; Rush et al., 2015; Santucci, 2017; Silvestre, 2017; Walsh, 2018)
Q8: After my in-person unit-specific nursing orientation, I felt adequately prepared with the knowledge and skills to perform my nursing duties on my orientation unit.	(Jeffery et al., 2018)

Survey Sections One and Two – Questions	Links to Literature
Q9: During my in-person unit-specific nursing orientation, I felt my nurse orienter(s) possessed a strong level of expertise specific to my orientation unit's specialty.	(Flinkman & Salantera, 2015; Jeffery et al., 2018; Peltokoski et al., 2015; Santucci, 2017)

Section three uses a Likert scale (on a scale of 1–4 [from Completely Unprepared to Very Well Prepared]) to assess feelings of adequate preparedness related to 49 skills, competencies, and topics related to the orientation unit (See Table 2). The project lead established the list of 49 nursing skills, competencies, and topics for the survey from the project site's existing nursing orientation checklist and suggestions from key stakeholders. The 49 nursing skills, competencies and topics were categorized into 12 themes: Safety, Patient Assessment, Planning and Documentation, Medication, Admissions and Discharges, Orientation Unit's Models of Care, Orientation Unit's Routines, Communication with Patients and Families, Communication with Colleagues, Workload Management, Nurse In Charge Duties, and The Roles of Other Health Professionals.

For section three, after reviewing literature related to Likert scales and discussion with key stakeholders, a four-point Likert scale was finalized to assess new nursing hires' feelings of adequate preparedness related to the 49 skills, competencies and topics. The four-point Likert scale is 1 – completely unprepared, I would like more support; 2 – somewhat prepared, I would like more support; 3 – prepared, and 4 – completely prepared (Kalafatis et al., 2020). Similar to Kalafatis et al., 2020, for evaluating the survey responses, it was determined that if > 50% of responses for each skill, competency or topic were 1 or 2, the item would be classified as "I would like more support." If > 50% of responses for the item were 3 or 4, the item would be classified as "prepared for practice." Also, it was determined that a theme would be classified as "prepared for practice" if more than 50% of the theme's total skills, competencies and topics each

had greater than 50% of respondents identify the skill, competency or topic as "prepared to practice."

Section four uses a Likert scale (on a scale of 1–4 [from Strongly Disagree to Strongly Agree]) to assess the four themes: Orientation Unit Stability, Nurse Orienter, Skill Building and Unit Culture with 11 statements of strength about the orientation program based on the new nursing hire's perspective (See Table 2 and 3). Similar to section two, for evaluating the survey responses, it was determined that if > 50% of responses for each strength were 1 or 2, the item would be classified as "disagree." If > 50% of responses for each strength were 3 or 4, the item would be classified as "agree." Also, it was determined that a theme would be classified as "agree" if more than 50% of a theme's total statements of strengths each had greater than 50% of respondents identify it as "agree."

Table 2: Kirkpatrick's Four Levels of Evaluation with the In-Person Unit-Specific Nursing Orientation Evaluation Survey, adapted from Campbell et al., 2019; Jeffery et al., 2018; Maddineshat et al., 2018

Kirkpatrick's Four Levels of Evaluation	**Purpose of Survey Question**	**In-Person Unit-Specific Nursing Orientation Evaluation Survey Questions**	**In-Person Unit-Specific Nursing Orientation Evaluation Survey Themes**
Reaction	✓ How satisfied is the new nursing hire?	**Q9.** During my in-person unit-specific nursing orientation, I felt my nurse orienter(s) possessed a strong level of expertise specific to my orientation unit's specialty.	Not applicable

Kirkpatrick's Four Levels of Evaluation	Purpose of Survey Question	In-Person Unit-Specific Nursing Orientation Evaluation Survey Questions	In-Person Unit-Specific Nursing Orientation Evaluation Survey Themes
		Q10. During my in-person unit-specific nursing orientation, I felt satisfied with the daily orientation shift check-ins with my orientation unit's Clinical Nurse Coordinator and/or Clinical Resource Nurse.	
		Q18. I perceive the following statements as a STRENGTH for my in-person unit-specific nursing orientation experience?	✓ Orientation Unit Stability ✓ Nurse Orienter ✓ Skill Building ✓ Unit Culture
Learning	✓ What did the new nursing hire learn? ✓ Was there a change in the new nursing hire's knowledge or skills? ✓ Did the new nursing hire feel adequately prepared?	**Q8**. After my in-person unit-specific nursing orientation, I felt adequately prepared with the knowledge and skills to perform my nursing duties on my orientation unit.	Not applicable
		Q11-17. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?	✓ Safety ✓ Patient assessment ✓ Planning and documentation ✓ Medication ✓ Orientation Unit's Model of Care ✓ Orientation Unit's Routines ✓ Communication with Patients and Families

Kirkpatrick's Four Levels of Evaluation	Purpose of Survey Question	In-Person Unit-Specific Nursing Orientation Evaluation Survey Questions	In-Person Unit-Specific Nursing Orientation Evaluation Survey Themes
Behaviour	✓ Can the new nursing hire perform the skills on the unit? ✓ What are the new nursing hire's current areas of strength?	**Q11-17.** Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?	✓ Communication with Colleagues ✓ Workload Management ✓ Roles of Other Health Professionals ✓ Admissions and Discharges ✓ Nurse in Charge

Table 3: Survey Section Four: Statements of Strength and Links to Literature

Q18: Statements of Strength – Themes: Orientation Unit Stability, Nurse Orienter, Skill Building and Unit Culture	Links to Literature
1. I completed the entire duration of my orientation shifts on my orientation unit.	(Charette et al., 2019; Guay et al., 2016)
2. The standardized nursing orientation checklist helped guide my learning needs.	(Allen, 2011)
3. My nurse orienter's workload allowed them time to provide an adequate orientation.	(Charette et al., 2019; Regan et al., 2017; Santucci, 2017)
4. My nurse orienters maintained consistency by updating each other about my progress and learning needs.	(Regan et al., 2017; Smith, 2013)
5. My nurse orienter's teaching style matched my learning style.	(Perregrini, 2021)
6. I received opportunities to observe live demonstrations of skills/competencies performed by my nurse orienter with patients and/or families.	(Baumann et al., 2019; Crimlisk, 2017; Culley et al., 2012; Santucci, 2017)
7. I received opportunities to gain hands-on experience by trying skills/competencies with patients and/or families.	(Baumann et al., 2019; Crimlisk, 2017; Culley et al., 2012; Santucci, 2017)
8. I received opportunities to engage in discussions with other nurses about their practice.	(Charette et al., 2019; Culley et al., 2012; Rush et al., 2015; Santucci, 2017)
9. I received opportunities to complete the required online Learning Hub courses	(Monforto et al., 2020)

Q18: Statements of Strength – Themes: Orientation Unit Stability, Nurse Orienter, Skill Building and Unit Culture	Links to Literature
10. I received concrete feedback about my nursing skills and performance.	(Peltokoski et al., 2015; Santucci, 2017; Spiva et al., 2013)
11. My orientation unit had a supportive unit culture for learning.	(Baumann et al., 2019; Flinkman & Salantera, 2015; Perregrini, 2021; Regan et al., 2017; Santucci, 2017; Walsh, 2018)

Part 1: Pilot Test and Mitigating Bias

Since the Project Lead actively works on one of the three units, a pilot test of the In-Person Unit-Specific Nursing Orientation Evaluation Survey tool was completed to mitigate bias. All pilot test participants voluntarily provided their feedback. The pilot test participants from within the project site were the clinical resource nurse, two clinical nurse educators, two experienced nurses with five-plus years of experience, two nurses with less than two years of experience, and one youth and family counsellor (YFC). Pilot test participants from outside the project site's health authority included two experienced nurses with five-plus years of experience, one new graduate nurse, one YFC, and one high school teacher.

Part 1: Measures of Success

Formative evaluation while creating the In-Person Unit-Specific Nursing Orientation Evaluation Survey tool gauged if it met stakeholder expectations and adjusted accordingly. Key stakeholders provided feedback about the survey content, layout, length, types of questions and responses, and topics covered. Also, the survey was pilot-tested within and outside the project site to assess "clarity of instructions and items, readability, and time to completion," plus the feedback was reviewed with the CRN and CNE to make the relevant changes (Rush et al., 2015, p. 146).

Part 1: Survey Implementation

The project lead initially invited the eligible new nursing hires on May 29, 2021, and sent two reminder emails to outstanding new nursing hires, plus invited additional new nursing hires as they completed their nursing orientation. New nursing hires were informed that completing the survey was voluntary. The survey was open to new nursing hires to actively receive responses from May 29, 2021, to June 27, 2021. New nursing hires could complete the survey directly via a Zoom session with the project lead at their request. Plus, the project was open to additional information from participants that may offer insights. New nursing hires' survey responses were sent directly to the Project Lead only. Survey participants remain anonymous, and nursing leadership and their colleagues were not informed of their participation. All participant information and survey data are stored on the project lead's password-protected hard drive. After the survey responses were analyzed, nursing leadership received the results without participant identifiers to maintain participant anonymity. The project lead initiated no further follow-up with participants after they completed the survey.

Part 1: Data Collection and Analysis

A total of nine new nursing hires of the eligible 17 completed the survey, and there was representation from all three units. However, based on the small number of respondents, survey results will highlight common themes from all three units instead of individual units. See Appendix C for a complete summary of survey feedback. Also, once the survey results were analyzed, a final project presentation was presented to faculty and students from the University of Lethbridge Master of Nursing program (See Appendix F) and key stakeholders and supporters from the project site (See Appendix D).

Survey Section One Results

According to question three, all survey respondents identified they had less than one year of relevant nursing experience with patients, children, and families with mental health challenges. As per question five, five respondents reported their in-person unit-specific nursing orientation length was "just about right," while four respondents reported "longer." At the project site, the standard in-person unit-specific nursing orientation consists of four twelve-hour shifts, and all shifts, in addition to the standard four shifts, are considered consolidation shifts. On question six, respondents reported receiving the following number of orientation and consolidation shifts combined (See Figure 2):

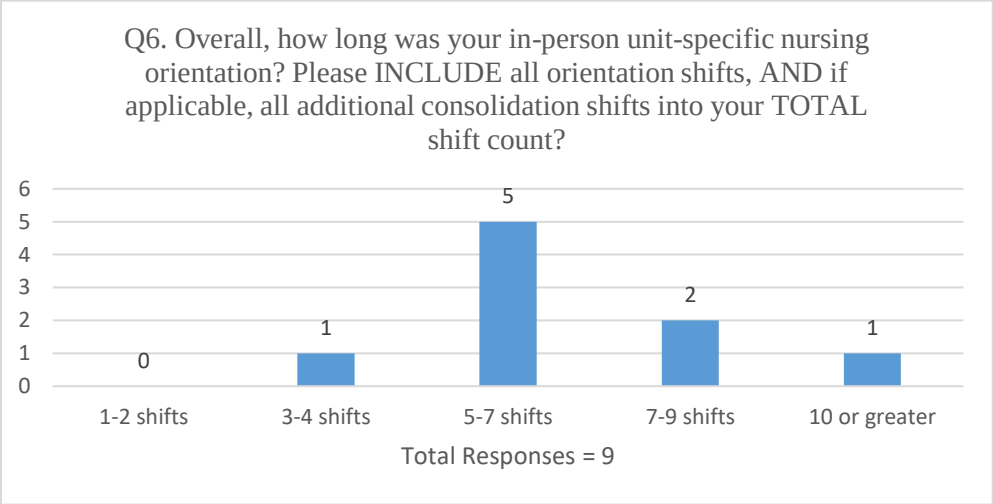

Figure 2: Survey Question 6 Results

Eight respondents received five or greater shifts, highlighting that they received consolidation shifts, aligning with best practices because organizations can meet individual learners' needs by extending orientations (Rush et al., 2015; Walsh, 2018). For question seven, figure three results indicate the following:

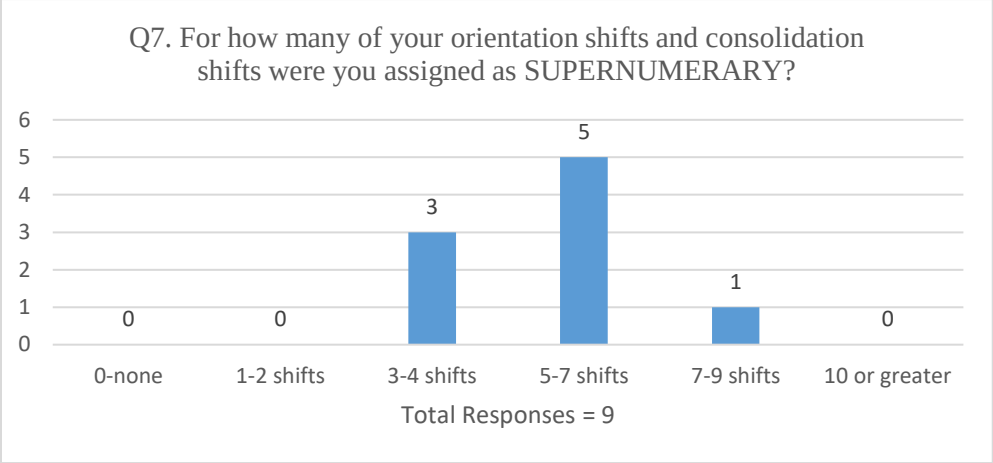

Figure 3: Survey Question 7 Results

All respondents identified they received three to nine supernumerary shifts, which is greater than the project site's standard to assign day one of four only as supernumerary status. Therefore, by providing additional supernumerary shifts, the project site follows best practice recommendations to support learning needs optimally (Guay et al., 2016; Regan et al., 2017; Rush et al., 2015; Santucci, 2017; Silvestre, 2017; Walsh, 2018).

Survey Section Two Results

Question eight aligns with the project's goal to assess feelings of adequate preparedness, and in total, five respondents agreed, and four disagreed that they felt adequately prepared. This result highlights room for improvement with the existing in-person unit-specific nursing orientation program since 44.4% of respondents did not feel adequately prepared to practice after the entire duration of their orientation and consolidation shifts (See Figure 4).

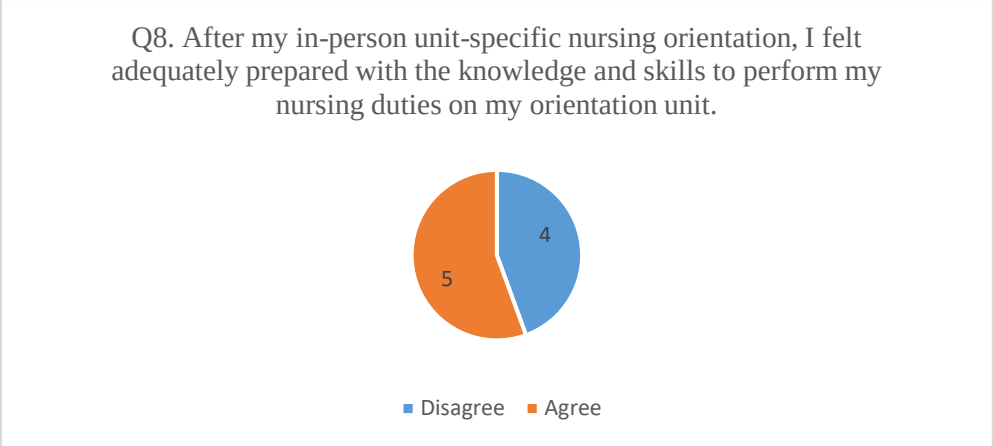

Figure 4: Survey Question 8 Results

Question nine aligns with best practice recommendations to acquire feedback on the nurse orienter's performance. All nine respondents agreed that they felt their nurse orienter(s) possessed a strong level of expertise specific to their orientation unit's specialty (Flinkman & Salantera, 2015; Jeffery et al., 2018; Peltokoski et al., 2015; Santucci, 2017). Providing expert nurse orienters aligns with best practice recommendations that adequately trained nurse orienters are fundamental to successful orientation and transition programs (Rush et al., 2015). On question ten, five respondents agreed, and four respondents disagreed that they felt satisfied with their daily orientation shift check-ins with their orientation unit's Clinical Nurse Coordinator and/or Clinical Resource Nurse.

Survey Section Three Results

To begin with, in section three of the survey, survey respondents, when provided a list of 12 themes, results classified that respondents felt prepared to practice and would like more support with the following themes (See Table 4):

Table 4: Overall Survey Section Three Theme Results

I Would Like More Support	Prepared To Practice
○ Admissions and Discharges (2/2) ○ Nurse in Charge (2/2)	✓ Patient assessment (4/4) ✓ Planning and documentation (4/4) ✓ Medication (1/1)

I Would Like More Support	Prepared To Practice
	✓ Orientation Unit's Routines (3/3) ✓ Communication with Patients and Families (3/3) ✓ Communication with Colleagues (3/3) ✓ Workload Management (1/1) ✓ Roles of Other Health Professionals (2/2) ✓ Orientation Unit's Model of Care (5/6) ✓ Safety (11/18)

Collectively, survey respondents, when provided a list of 49 skills, competencies and topics, to rate how well prepared they felt to successfully apply them to their nursing practice after their in-person unit-specific nursing orientation, results classified the following that respondents felt prepared to practice 37 and they would like more support with 12.

For question 11, survey respondents, when provided a list of 18 skills, competencies and topics related to safety, results classified the following (See Table 5):

Table 5: Survey Question 11 Results

Theme: Safety	
I Would Like More Support	**Prepared To Practice**
○ Risk Triage Tool (7/9) ○ Managing patients with weapons/harmful objects (6/9) ○ Violence Risk Screening and Safety Alert Tool (5/9) ○ Violence/Aggression Risk Assessment and managing patients with homicidal ideation (5/9) ○ Code White and the roles, restraint, seclusion calling the police (5/9) ○ Code Yellow (5/9) ○ Patient Safety Learning System (5/9)	✓ COVID19 policies and procedures (8/9) ✓ Falls risk assessment (8/9) ✓ Self-tool kit (7/9) ✓ De-escalation, communication, managing aggression (6/9) ✓ Safety discussion with patients and families (6/9) ✓ Suicide risk assessment (6/9) ✓ Supporting patients with managing their anxiety (6/9) ✓ Safety equipment (6/9) ✓ Assessment Of Suicide And Risk Inventory (5/9) ✓ Managing patients with suicidal ideation and their care plan (5/9) ✓ Managing and providing harm reduction approaches for self-harm behaviours (5/9)

In sum, on question 12, survey respondents, when provided a list of 11 skills, competencies and topics related to patient assessment, planning and documentation, medication, and admissions and discharges, results classified the following (See Table 6):

Table 6: Survey Question 12 Results

Theme: Patient assessment, Planning and documentation, Medication, Admissions and Discharges	
I Would Like More Support	**Prepared To Practice**
○ Nurse's role in discharges (6/9) ○ Nurse's role in admissions (5/9)	✓ Supporting patients with activities of daily living (9/9) ✓ Documentation/charting (7/9) ✓ Checking patients in from and out for pass (7/9) ✓ Mental status exam (6/9) ✓ Care planning (6/9) ✓ Medication administration process (6/9) ✓ Nurse's role re: patient's medical status (6/9) ✓ Nurse's role in daily and weekly team rounds (6/9) ✓ Nurse's role when patients disclose abuse (5/9)

Overall, for question 13, which relates to the two themes of the orientation unit's models of care and orientation unit's routines, results classified all seven of the following skills, competencies and topics as prepared to practice: Trauma-Informed Practice (7/9); Mental Health Act (6/9); Collaborative Problem Solving (6/9); Milieu Management (6/9); most common diagnosis (6/9); orientation unit's routine/ programming for patients and families (6/9); and most common medications (5/9).

Collectively, for question 14, which relates to the three themes of communication with patients and families, communication with colleagues and workload management, results classified all seven of the following skills, competencies and topics as prepared to practice: delegating tasks to Youth and Family Counsellors (8/9); establishing rapport and boundaries with patients and families (7/9); patient communication and teaching (7/9); managing your nurse-to-

patient workload (7/9); caregiver/parent communication and teaching (6/9), communicating with physicians (6/9); and communicating with nurses/staff during handover (6/9).

Overall, on question 15, survey respondents, when provided a list of four skills, competencies and topics related to nurse in charge duties and the roles of other health professionals, results classified the following (See Table 7):

Table 7: Survey Question 15 Results

Theme: Nurse in Charge and Roles of Other Health Professionals	
I Would Like More Support	**Prepared To Practice**
○ Overflowing and transferring patients (6/9)	✓ Role of the allied team members (8/9)
○ Nurse in charge duties (6/9)	✓ Role of the unit clerk (7/9)

The positive results demonstrating that new nursing hires have an adequate understanding of and are prepared to practice working with other health professionals on their patient's care team provides insight into the healthy working relationships and unit dynamics between nurses and other disciplines. When units foster healthy relationships between disciplines, this promotes a supportive and inclusive unit culture (Regan et al., 2017). Overall, on questions 16 and 17, survey respondents who completed their orientation on Unit One or Two, when provided with two skills, competencies and topics related to orientation unit's models of care, results classified the following (See Table 8):

Table 8: Survey Question 16 and 17 Results

Theme: Orientation Unit's Models of Care	
I Would Like More Support	**Prepared To Practice**
○ Attachment, Regulation and Competency (2/3)	✓ Meal Support training (4/5)

Survey Section Four Results

In section four of the survey, for question 18, results classified the following four themes as agree: orientation unit stability, nurse orienter, skill-building and unit culture. In addition, for question 18, for the 11 statements of strengths that align with best practice recommendations,

results classified them as agree, identifying that new nursing hires are satisfied with the 11 aspects of their orientation (See Appendix C).

In summary, the positive results from the completed surveys validate the project site's nursing leadership's sustained efforts to meet individual learner's needs. Furthermore, the positive responses indicate that the existing in-person unit-specific nursing orientation program has many strengths that support optimal learning environments for new nursing hires.

Part 2: Presentation to Nursing Leadership

Part two was a presentation to the project site's key stakeholders summarizing feedback from the new nursing hires, highlighting strengths, areas for improvement, and best practice recommendations for the in-person unit-specific nursing orientation (See Appendix D).

Limitations of the Project

The project was limited to one hospital site to evaluate its program's components. The project being site-specific might limit the generalizability of any findings. Due to COVID-19 related changes on the unit, there were changes on the three units related to hiring, contributing to a small sample size. Another project limitation is that the Project Lead, a Registered Nurse and Registered Psychiatric Nurse, is employed as a direct care nurse at the project site and has worked on all three units. Being the Project Lead and actively working on one of the three units could lead to bias. Therefore, a pilot test of the In-Person Unit-Specific Nursing Orientation Evaluation Survey tool was completed to mitigate bias. New nursing hires were self-reporting changes in their learning and behaviour on the In-Person Unit-Specific Nursing Orientation Evaluation Survey, which may have limitations, and each nurses' evaluation is different. The use of colleagues or supervisors to assess new nursing hires' learning and behaviour changes do not align with the project's aims to assess new nursing hires' perceptions of their orientation experience.

SECTION 4: REFLECTION

Project Development Process

Strengths

The purpose of this project was to help bridge the gap between evidence-based successful hospital nursing orientation programs and the existing in-person unit-specific orientation provided to new nursing hires at the project site. A strength of the In-Person Unit-Specific Nursing Orientation Evaluation Survey is that the project site currently does not have a formal evaluation process to receive new nursing hires' feedback about their orientation experience. The survey questions assess new nursing hires' perceptions of their in-person unit-specific nursing orientation experience. Also, the survey questions that ask nurses to rate how well prepared they are to apply the skills, competencies or topics to their nursing practice use a supportive learning lens because the response options state, "I would like more support." The project site's stakeholders believed nurses would be more likely to report if they felt unprepared if presented as a learning opportunity.

Moreover, the survey was created and delivered by the project lead, a subject matter expert who has completed the project site's nursing orientation program, worked in various nursing roles at the project site, and currently works at the site. The project lead's experiences helped tailor the survey questions to meet the project's goals while balancing stakeholder perspectives and objectives and ensuring new nursing hires received an opportunity to provide feedback. Also, a pilot test of the survey was completed.

Furthermore, the project site's two key stakeholders are responsible for facilitating the nursing orientation program at the project site. Therefore, the partnership between the project lead and the project site's key stakeholders highlights that all parties had a vested interest in

strengthening the nursing orientation program. The strategies used to engage stakeholders were successful such as email, Zoom, and in-person conversations while on shift at the project site.

Weaknesses

The most challenging part of this project was ensuring the responses to the survey were received. Seventeen eligible new nursing hires were invited via email to complete the online survey (see Appendix A). Of the seventeen new nursing hires, four were no longer working at the project site, and two did not pick up nursing shifts between May to June 2021. The project lead provided gentle reminders to new nursing hires via email and in-person to complete the survey, while stakeholders provided reminders to nurses when they were on shift. The desire was to have 80% of eligible new nursing hires complete the survey; however, the total responses received were nine out of seventeen, 53%. Moving forward, I recommend inviting eligible new nursing hires to complete the survey immediately after they complete their in-person unit-specific nursing orientation to likely increase the response rate.

Project Sustainability

Opportunities

Literature reveals there are gaps in nursing orientation programs. This project highlighted the gaps in knowledge and skills for new nursing hires after their in-person unit-specific nursing orientation and areas for improvement in the nursing orientation program. The survey resulted in insights into new nursing hires' perspectives of their orientation experience.

New nursing hires informally via email and in-person communicated to the project lead their appreciation for having an opportunity to provide their feedback while keeping their identity anonymous. Informal positive feedback received from new nursing hires after completing the

survey validates the need to provide new nursing hires with a confidential avenue to give feedback on their orientation experiences while ensuring their identities remain anonymous.

Feedback from key stakeholders and nurse leaders was positive, as they highlighted how they currently do not have a formal process to evaluate new nursing hires' orientation experiences. To enhance nursing practice and align with best practice recommendations, the project site's key stakeholders and nursing leadership team have decided to implement this project's evaluation survey tool as a formal ongoing evaluation process for their in-person unit-specific nursing orientation program (Jeffery et al., 2018). Opportunities exist for this project lead to be a part of future projects related to improving the nursing orientation program.

Furthermore, according to the survey demographics, four of the seventeen, so 24% of the eligible new nursing hires, were no longer working at the project site, and according to the literature, best practice nursing orientation programs increase nursing retention (Kram & Wilson, 2016; Kuhrik et al., 2011; Regan et al., 2017; Rush et al., 2015; Santucci, 2017; Silvestre, 2017; Walsh, 2018). By implementing best practice recommendations, the project site can strengthen its nursing orientation program while increasing its nursing retention rate.

Implications for Nursing Practice

Extended Orientations and Consolidation Shifts.

Since 44.4% of respondents did not feel adequately prepared to practice after the entire duration of their extended orientations and consolidation shifts, moving forward to ensure nurses feel prepared to practice, it is recommended that the project site reassess the standard four-day orientation length. As revealed by the survey results, nurse leaders should continue to meet best practice standards by providing extended orientations and consolidation shifts to meet individual learners' needs. In future, when possible, follow best practice recommendations to assign non-full-time nurses to available full-time lines for three months to consolidate their learning (Regan

et al., 2017). Also, collaborate with new nursing hires when scheduling orientation shifts, ensuring nurses are provided with adequate orientation hours as they transition to new units (Rush et al., 2015).

Manageable Workloads and Supernumerary Time.

Furthermore, moving forward to ensure manageable workloads and relieve the stress of workload and time management challenges for a new learner during orientation, nurse leaders can provide supernumerary time to new nursing hires to focus on learning new roles (Regan et al., 2017; Rush et al., 2015). Even with three to nine supernumerary shifts per survey respondent, 44.4% of respondents did not feel adequately prepared to practice post-orientation. Therefore it is recommended to review the standard amount of supernumerary shifts provided during orientation to meet learner's needs.

Positive Unit Cultures and Nurse Orienters.

Moreover, moving forward, nurse leaders should provide nurse orienters with adequate training and skill-building opportunities to successfully orientate new nursing hires, which will lead to increased orientation satisfaction for both new nursing hires and nurse orienters and decrease turnover costs and promote a supportive culture of learning (Baumann et al., 2019; Flinkman & Salantera, 2015; Peltokoski, et al., 2015; Perregrini, 2021; Regan et al., 2017; Santucci, 2017; Spiva et al., 2013; Walsh, 2018). Also, in future, select the units and patient populations that would be the best fit for the new nursing hire when assigning an orientation unit (Regan et al., 2017). In conclusion, the survey results reveal that the project site follows best practice recommendations to meet individual learners' needs by extending orientations and providing supernumerary and consolidation shifts.

Threats

Threats for future implementation of an evaluation tool would be the project site's access to survey programs, staff availability to implement and evaluate survey responses, staff's time constraints, and challenges associated with ensuring new nursing hires complete the survey. It is essential that moving forward, the project site finds a collaborative way to engage and empower new nursing hires to drive positive changes to the orientation program. Threats for future implementation of best practice recommendations for improvements to the nursing orientation program would be unanticipated changes to the duration of orientation, staffing inadequacies, staff turnover, heavy workloads, nurse orienter inadequacies and organizational or budget constraints (Regan et al., 2017).

Major Lessons Learned

The Canadian Association of Schools of Nursing (CASN) categorizes the guiding principles for master's prepared nurses into domains and essential components in the National Nursing Education Framework (2015). According to the CASN domains: "research, methodologies, critical inquiry & evidence" and "nursing practice," my nursing practice project exemplifies the essential components 2.3 "the ability to use a systematic approach to gather evidence, plan, implement and evaluate solutions to nursing practice problems" and 3.3 "the ability to design and implement innovative solutions to problems/issues in an area of practice" (2015, p.12-13). Through the Master of Nursing program, I enhanced my ability to evaluate evidence-based information and apply it to my nursing practice. By critically appraising evidence-based nursing information related to nursing orientation programs, I was able to identify gaps in nursing orientation that directly impact new nursing hires' feelings of adequate preparedness, which supported the need for my Master of Nursing practice project. Plus, for the domains: "communication and collaboration" and "leadership," my project exemplifies the

essential components 4.1 “the communication skills to participate in, or lead diverse teams to improve outcomes and to initiate and/or support policy changes” and 6.7 “the ability to implement safety and quality improvement initiatives using effective communication … skills” (CASN, 2015, p. 15-17). As I gained insight into nursing leadership’s and new nursing hires’ perspectives of the nursing orientation experience, I could appreciate each party’s strengths and challenges through my stakeholder engagement strategies. Plus, working with the project site’s stakeholders to improve the in-person unit-specific nursing orientation program brings me a strong sense of accomplishment. Implementing the evaluation survey is a step in the right direction to evaluate and solidify the orientation experience for future nursing hires.

Conclusion

In summary, the literature reveals that unsuccessful hospital-based in-person unit-specific nursing orientation leads to gaps in nurses’ unique knowledge and skills to the unit and feelings of inadequate preparedness. These gaps can negatively impact the new nursing hire’s practice. Moving forward, the In-Person Unit-Specific Nursing Orientation Evaluation Survey can help nursing leaders at the project site assess for strengths and areas for improvement within their nursing orientation program while demonstrating to new nursing hires that they are valued and their feedback matters. Improvements to the in-person unit-specific nursing orientation will better prepare new nursing hires to provide safe and patient-centred care while building the capacity of nurses and the organization, and ensure the orientation program is effective, efficient and adds value for nurses, the units, and the organization (Jeffery et al., 2018).

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Appendix A – Letter of Introduction for New Nursing Hire

Dear Nurse,

My name is Varsha Chand, and I am the Project Lead; I am a Master of Nursing student at the University of Lethbridge, Alberta. As a part of the program's requirements, I am completing a project titled "Evaluating and Supporting Successful Nursing Orientation Experiences."

You are invited to ***voluntarily*** complete the In-Person Unit-Specific Nursing Orientation Evaluation Survey because you completed your initial nursing orientation experience on Unit 1, 2, or 3 between March 1, 2020, to June 27, 2021.

This survey is important because poor nursing orientation experiences lead to new nursing hires feeling unsupported, unable to manage their workload, gaps in knowledge and skills, and decreased nursing retention. This survey offers new nursing hires an opportunity to provide honest feedback about their nursing orientation experiences to drive positive changes.

A mandatory ethics screening was completed using the A pRoject Ethics Community Consensus Initiative (ARECCI), resulting in a score of zero, signifying minimal risk.

Completing the 18-question survey is ***voluntary*** and will take you 15-25 minutes via a Google Survey online link *(see below).* Directly on the survey, you will be asked for your email address and indicate consent before completing the survey. Survey responses must include the participant's email address to prevent a person from completing multiple surveys and skewing the results. Alternatively, you have the option of completing the survey directly with the project lead via a Zoom session. To request a Zoom session, please email me at _____.

You may withdraw your participation at any time for any reason by closing the survey or stating you want to stop if completed via Zoom. Your information will be discarded.

Participant responses will be sent directly to the Project Lead only. Your participation will remain anonymous, and nursing leadership and your colleagues will not be informed of your participation. All participant information and survey data will be stored on the project lead's password-protected hard drive.

Results of the survey will be analyzed and shared with nursing leadership in addition to recommendations for improvement. Nursing leadership will use the results to inform strategic improvements to the nursing orientation experience at a later date. After project completion, the results and recommendations will be shared via a presentation over Zoom with colleagues at the project site.

Please call/text or email me if you have questions or concerns at _____ or _____. Thank you for considering completing the survey.

Survey Link: _____

Warm Regards,

Varsha Chand, RN, RPN, MN (student)
*Contact information and the survey link have intentionally been removed from this paper.

Appendix B – In-Person Unit-Specific Nursing Orientation Evaluation Survey

Disclaimer: Please read the introduction letter/email for new nursing hires before completing this survey.

SECTION 1:

OPEN-ENDED/SHORT TEXT

1. Please provide a valid email address.
   Click or tap here to enter text.

CLOSED-ENDED

2. I am aware of this survey and voluntarily agree to complete this survey.
- Yes
- No

MULTIPLE CHOICE

3. Before your in-person unit-specific nursing orientation, how many years of prior relevant nursing experience did you have with patients, children, and families with mental health challenges?
- 0 – 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 5 years
- 5 plus years

MULTIPLE CHOICE

4. What unit did you complete your initial in-person unit-specific nursing orientation on?
- UNIT 1
- UNIT 2
- UNIT 3

MULTIPLE CHOICE

5. Based on your in-person unit-specific nursing orientation, should orientation have been longer, shorter or was it just about right?
- Longer
- Shorter
- Just about right

MULTIPLE CHOICE

6. Overall, how long was your in-person unit-specific nursing orientation? Please INCLUDE all orientation shifts, AND if applicable, all additional consolidation shifts into your TOTAL shift count?
- o 1-2 shifts
- o 3-4 shifts
- o 5-7 shifts
- o 7-9 shifts
- o 10 or greater

MULTIPLE CHOICE

7. For how many of your orientation shifts and consolidation shifts were you assigned as SUPERNUMERARY?
   *SUPERNUMERARY means you were an EXTRA nurse on the unit; you DID NOT count as baseline staff; you worked alongside an experienced nurse who had a patient assignment.
- o 0 – none
- o 1-2 shifts
- o 3-4 shifts
- o 5-7 shifts
- o 7-9 shifts
- o 10 or greater

SECTION 2:

LIKERT SCALE

8. After my in-person unit-specific nursing orientation, I felt adequately prepared with the knowledge and skills to perform my nursing duties on my orientation unit.
- o Strongly disagree
- o Disagree
- o Agree
- o Strongly agree

LIKERT SCALE

9. During my in-person unit-specific nursing orientation, I felt my nurse orienter(s) possessed a strong level of expertise specific to my orientation unit's specialty.
- o Strongly disagree
- o Disagree
- o Agree
- o Strongly agree

LIKERT SCALE

10. During my in-person unit-specific nursing orientation, I felt satisfied with the daily orientation shift check-ins with my orientation unit's Clinical Nurse Coordinator and/or Clinical Resource Nurse.

- o Strongly disagree
- o Disagree
- o Agree
- o Strongly agree

SECTION 3:

LIKERT SCALE

11. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

Skills, competencies, or topics – Theme: Safety	1	2	3	4
VRSSAT – Violence Risk Screening and Safety Alert Tool, Safety Alerts-colors				
Risk Triage Tool				
Violence/Aggression Risk Assessment, managing patients with homicidal ideation				
Code White and the roles; restraint, seclusion, calling the police				
De-escalation, communication, managing aggression				
Managing patients with weapons/harmful objects; relevant protocol				
Safety discussion with patients and families (unsafe items, seclusion room, self-harm, limits of confidentiality)				
Suicide Risk Assessment – what are the components, indicators of high risk				
ASARI – assessment of suicide and risk inventory				
. Suicidal ideation – managing patients with SI; SI care plan				
. Managing and providing harm reduction approaches for self-harm behaviours				
. Self Tool Kit – triggers, early warning signs, coping tools				
. Supporting patients with managing their anxiety				
. Code Yellow; risk assessment for an elopement, Nurse's role when a patient is missing				
. Falls Risk Assessment				
. Safety equipment: crash cart, ABC Box/ O2 /suction; AED, safety scissors				
. PSLS – Patient Safety and Learning System				
. COVID19 policies & procedures				

LIKERT SCALE

12. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

Skills, competencies, or topics- Theme: patient assessment, planning and documentation, medication, admission/discharge	1	2	3	4
Mental Status Exam – developmental appropriateness; the clinical significance of each component				
Documentation/Charting; using the Data/Action/Response format, the importance of documentation.				
Care Planning; How to develop, read, implement, and update a Care Plan				
Checking patients in from pass, Checking patients out for a pass, safety planning and goal setting for passes, documentation				
Medication Administration process; giving an emergency intramuscular injection, PRN (as needed) medication use				
Supporting patients with Activities of Daily Living (hygiene; nutrition; sleep)				
Nurse's role re: Patient's Medical Status (i.e. diabetes, cardiac concerns, allergies)				
Nurse's role in admissions, relevant processes, and paperwork				
Nurse's role in discharges, relevant processes, and paperwork				
. Nurse's role in daily and weekly Team Rounds				
. Nurse's role when patients disclose abuse				

LIKERT SCALE

13. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

Skills, competencies, or topics – Theme: Orientation Unit's Models of Care and Orientation Unit's Routines	1	2	3	4
Mental Health Act – informing patients of their rights, certification status, completing forms				
Trauma-Informed Practice – principles of TIP; how does trauma affect development, how to incorporate TIP into practice				
Collaborative Problem Solving; teaching patients and families				
Milieu Management – supporting a safe and therapeutic environment for children who have been exposed to trauma.				
Most common diagnosis on your orientation unit				
Most common medications on your orientation unit				
Orientation unit's routine/programming for patients and families				

LIKERT SCALE

14. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

Skills, competencies, or topics – Theme: Communication with patients and families, Communication with colleagues, and workload management	1	2	3	4
Establishing rapport and boundaries with patients and families				
Patient communication and teaching, using developmentally appropriate language				
Caregiver/Parent communication and teaching; parent coaching				
Communicating with physicians				
Communicating with nurses/staff during handover at shift change or for break coverage				
Delegating tasks to Youth and Family Counsellors within their scope of practice				
Managing your nurse-to-patient workload				

LIKERT SCALE

15. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

Skills, competencies, or topics – Theme: NIC and Role of Other Health Professionals	1	2	3	4
Overflowing and transferring patients between units, Transfer of Care/Overflow forms				
Nurse In Charge duties, problem-solving staffing needs, completing the staff/patient assignment sheet				
Role of the Unit Clerk				
Role of the Allied Team members with patients and families. (psychology, social worker, speech-language pathologist, teacher, occupational therapist)				

LIKERT SCALE

16. If applicable, based on your in-person unit-specific nursing orientation experience on Unit One, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

    Not applicable, my initial nursing orientation was not on Unit 1.

Skills, competencies, or topics – Theme: Orientation Unit's Models of Care	1	2	3	4	N/A
ARC – Attachment, Regulation Competency, how to support families using the ARC model					

LIKERT SCALE

17. If applicable, based on your in-person unit-specific nursing orientation experience on Unit 3, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?
    1. Completely unprepared, I would like more support
    2. Somewhat prepared, I would like more support
    3. Prepared
    4. Very well prepared

    Not applicable; my initial nursing orientation was not on Unit 3.

Skills, competencies, or topics – Theme: Orientation Unit's Models of Care	1	2	3	4	N/A
Meal Support/Eating with patients; post-meal support					

LIKERT SCALE

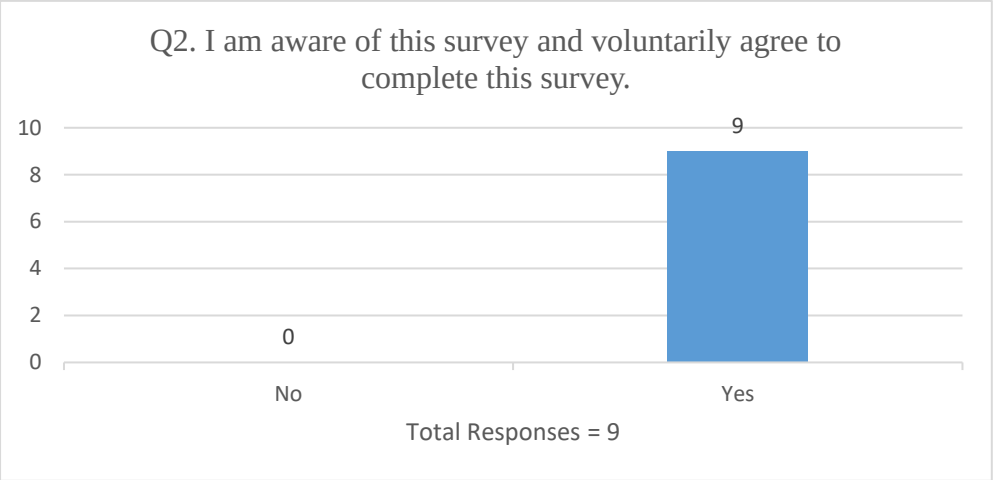
18. I perceive the following statements as a STRENGTH for my in-person unit-specific nursing orientation experience?
    1. Strongly disagree
    2. Disagree
    3. Agree
    4. Strongly agree

Statement of Strength – Theme: Orientation Unit Stability, Nurse Orienter, Skill Building and Unit Culture	1	2	3	4
I completed the entire duration of my orientation shifts on my orientation unit.				
The standardized nursing orientation checklist helped guide my learning needs.				
My nurse orienter's workload allowed them time to provide an adequate orientation.				
My nurse orienters maintained consistency by updating each other about my progress and learning needs.				
My nurse orienter's teaching style matched my learning style.				
I received opportunities to observe live demonstrations of skills/competencies performed by my nurse orienter with patients and/or families.				
I received opportunities to gain hands-on experience by trying skills/competencies with patients and/or families.				
I received opportunities to engage in discussions with other nurses about their practice.				
I received opportunities to complete the required online Learning Hub courses.				
. I received concrete feedback about my nursing skills and performance.				
. My orientation unit had a supportive unit culture for learning.				

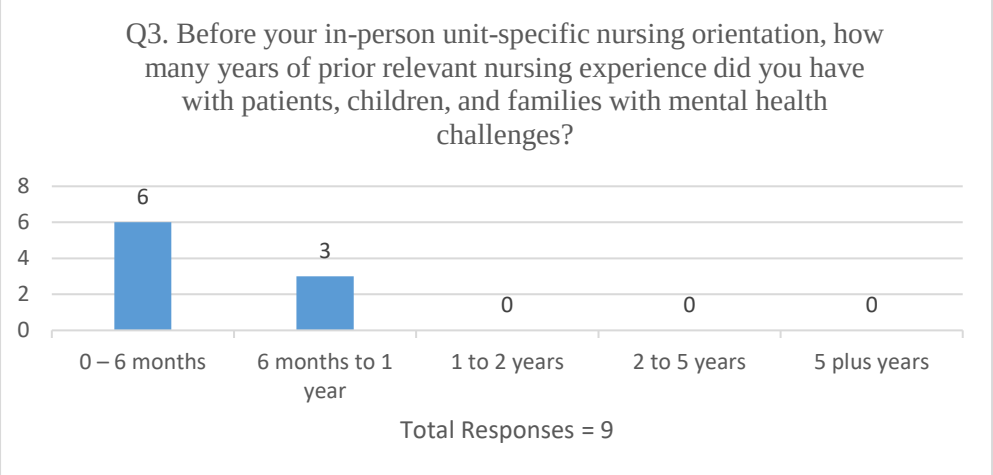
Appendix C: Summary of Survey Results

SECTION 1:

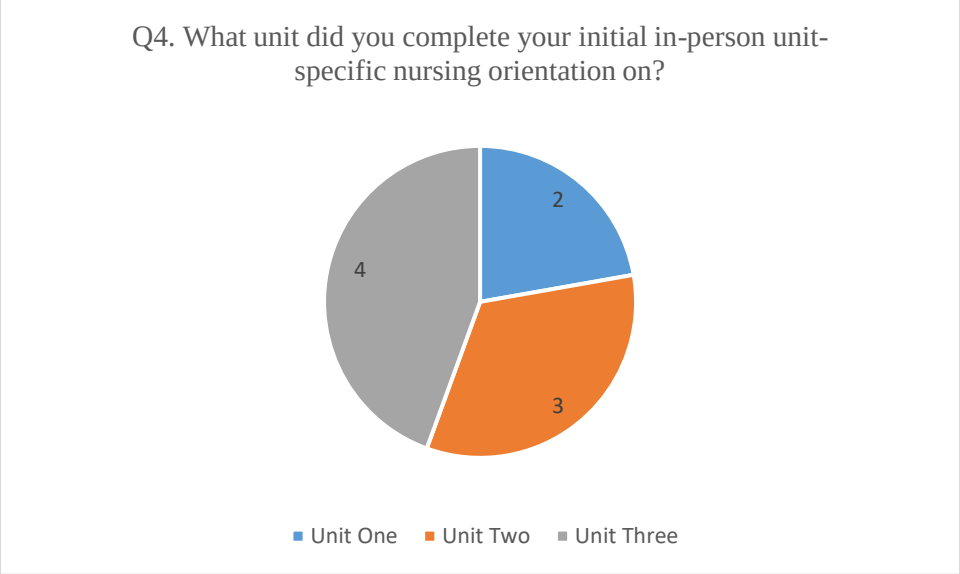
2. I am aware of this survey and voluntarily agree to complete this survey.



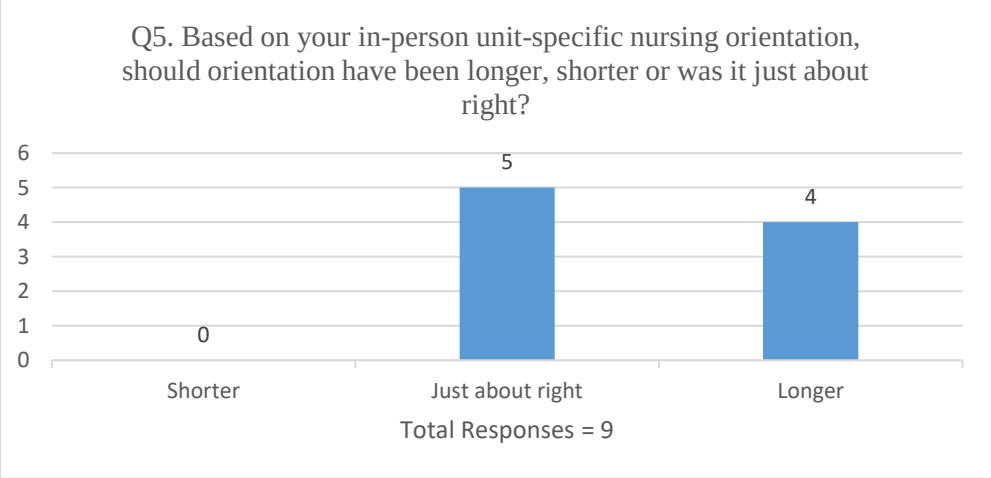
3. Before your in-person unit-specific nursing orientation, how many years of prior relevant nursing experience did you have with patients, children, and families with mental health challenges?



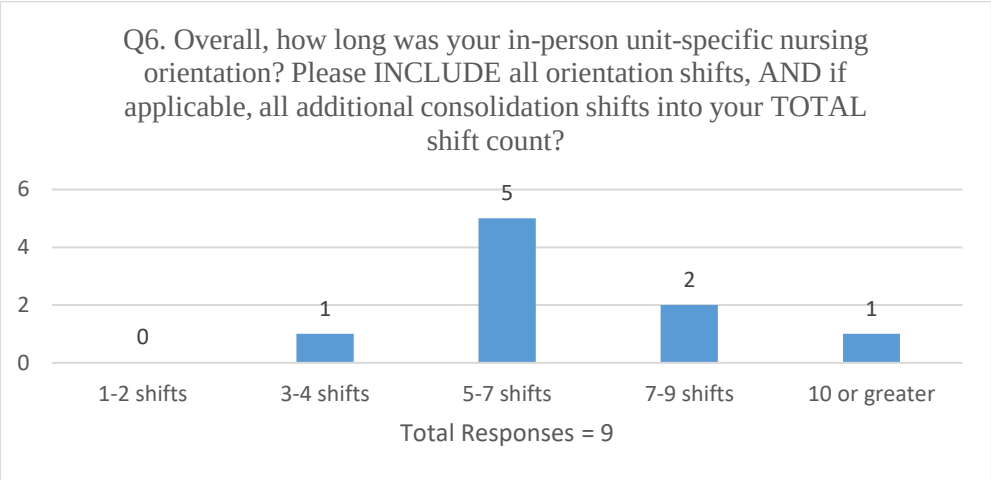
4. What unit did you complete your initial in-person unit-specific nursing orientation on?



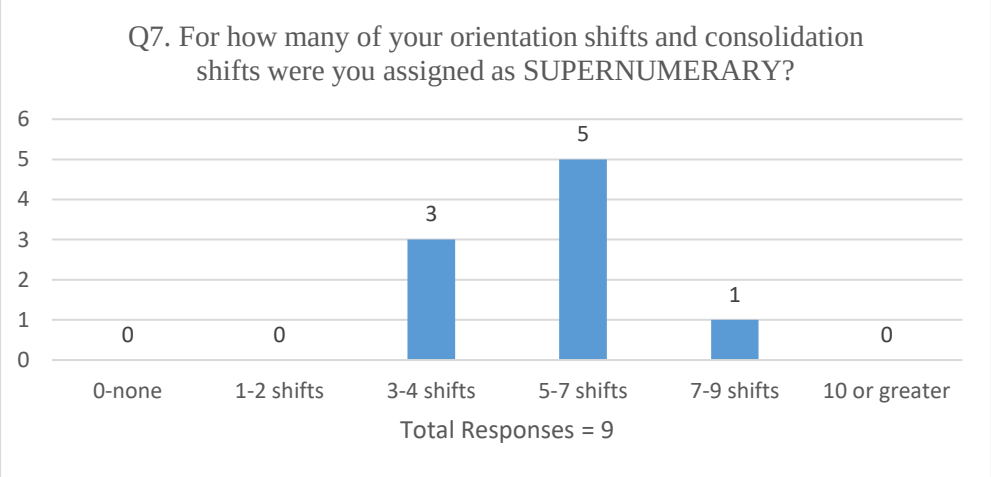
5. Based on your in-person unit-specific nursing orientation, should orientation have been longer, shorter or was it just about right?



6. Overall, how long was your in-person unit-specific nursing orientation? Please INCLUDE all orientation shifts, AND if applicable, all additional consolidation shifts into your TOTAL shift count?

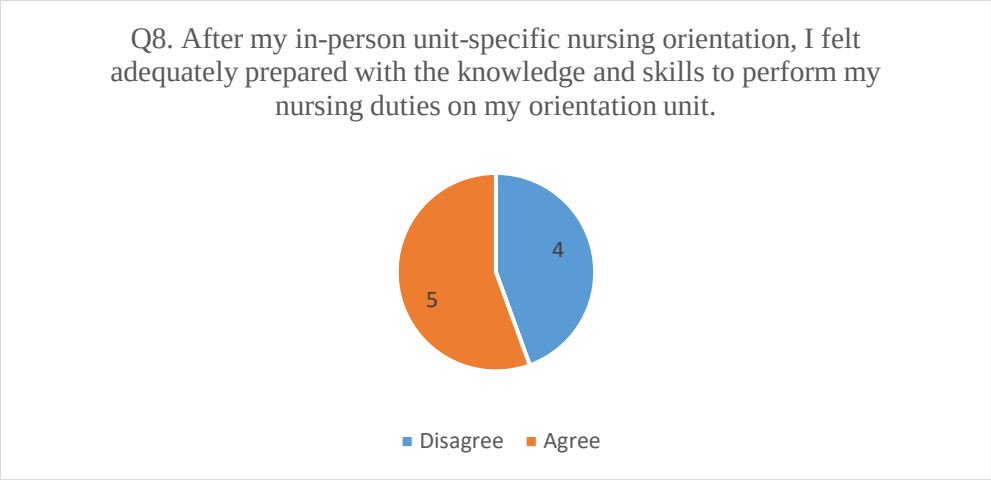


7. For how many of your orientation shifts and consolidation shifts were you assigned as SUPERNUMERARY?



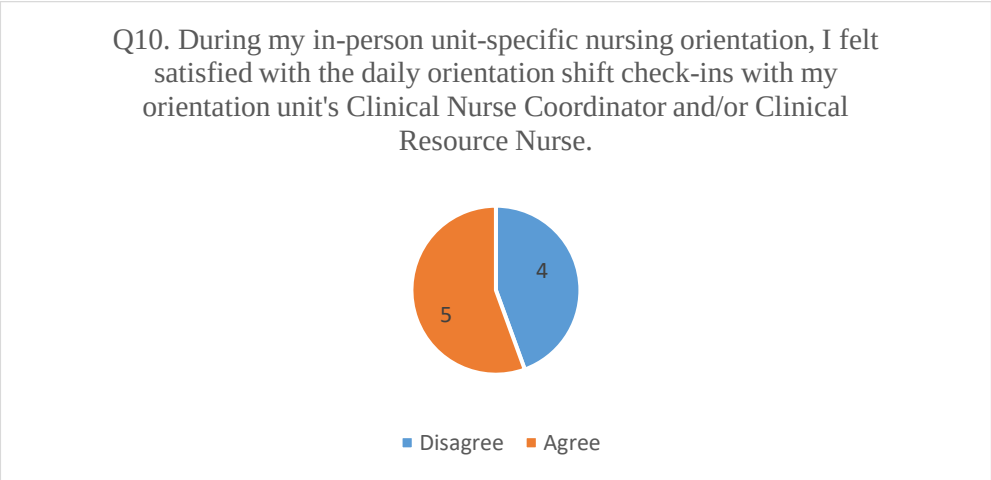
SECTION 2:

8. After my in-person unit-specific nursing orientation, I felt adequately prepared with the knowledge and skills to perform my nursing duties on my orientation unit.



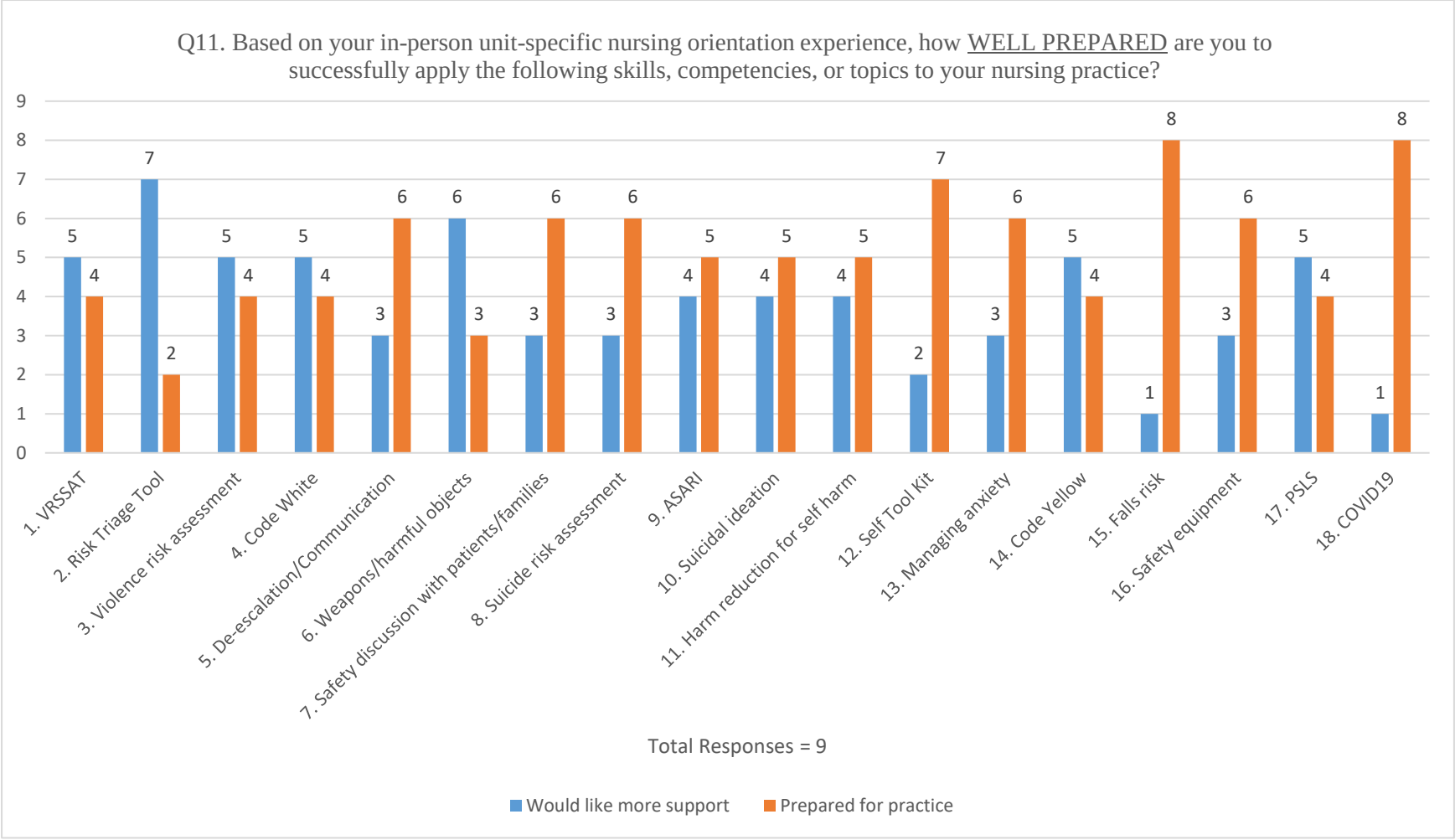
9. During my in-person unit-specific nursing orientation, I felt my nurse orienter(s) possessed a strong level of expertise specific to my orientation unit's specialty.

10. During my in-person unit-specific nursing orientation, I felt satisfied with the daily orientation shift check-ins with my orientation unit's Clinical Nurse Coordinator and/or Clinical Resource Nurse.

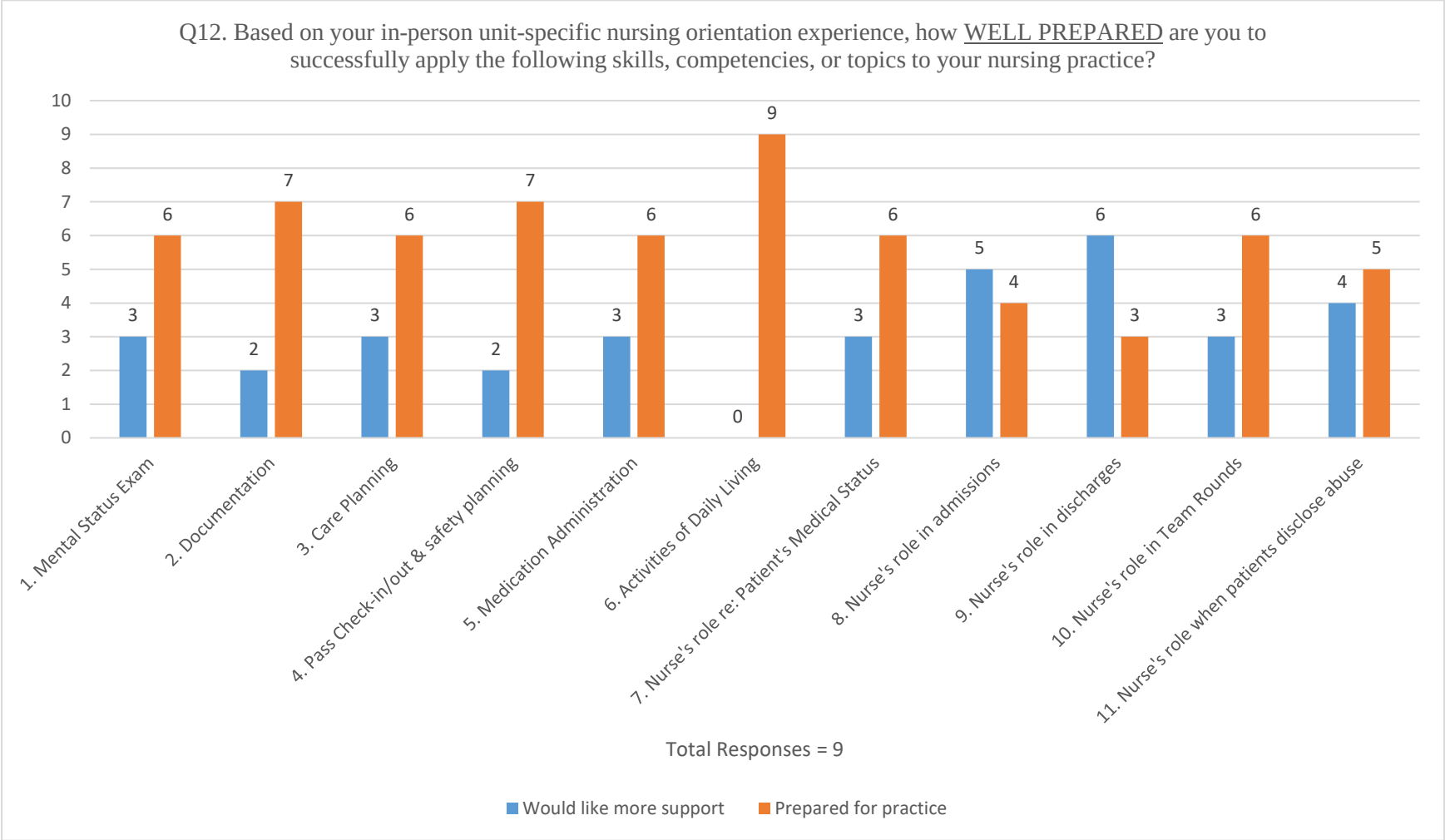


SECTION 3:

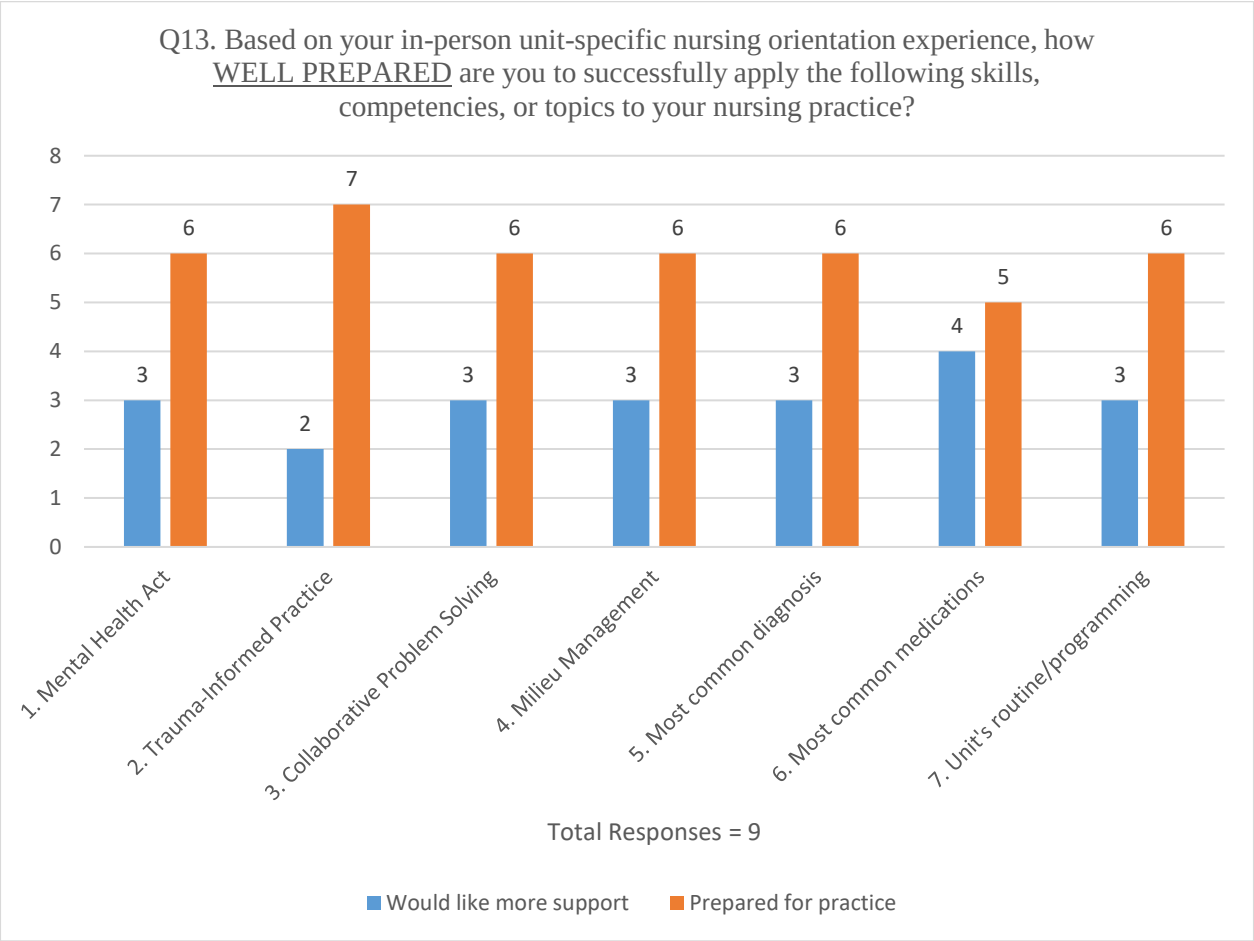
11. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?



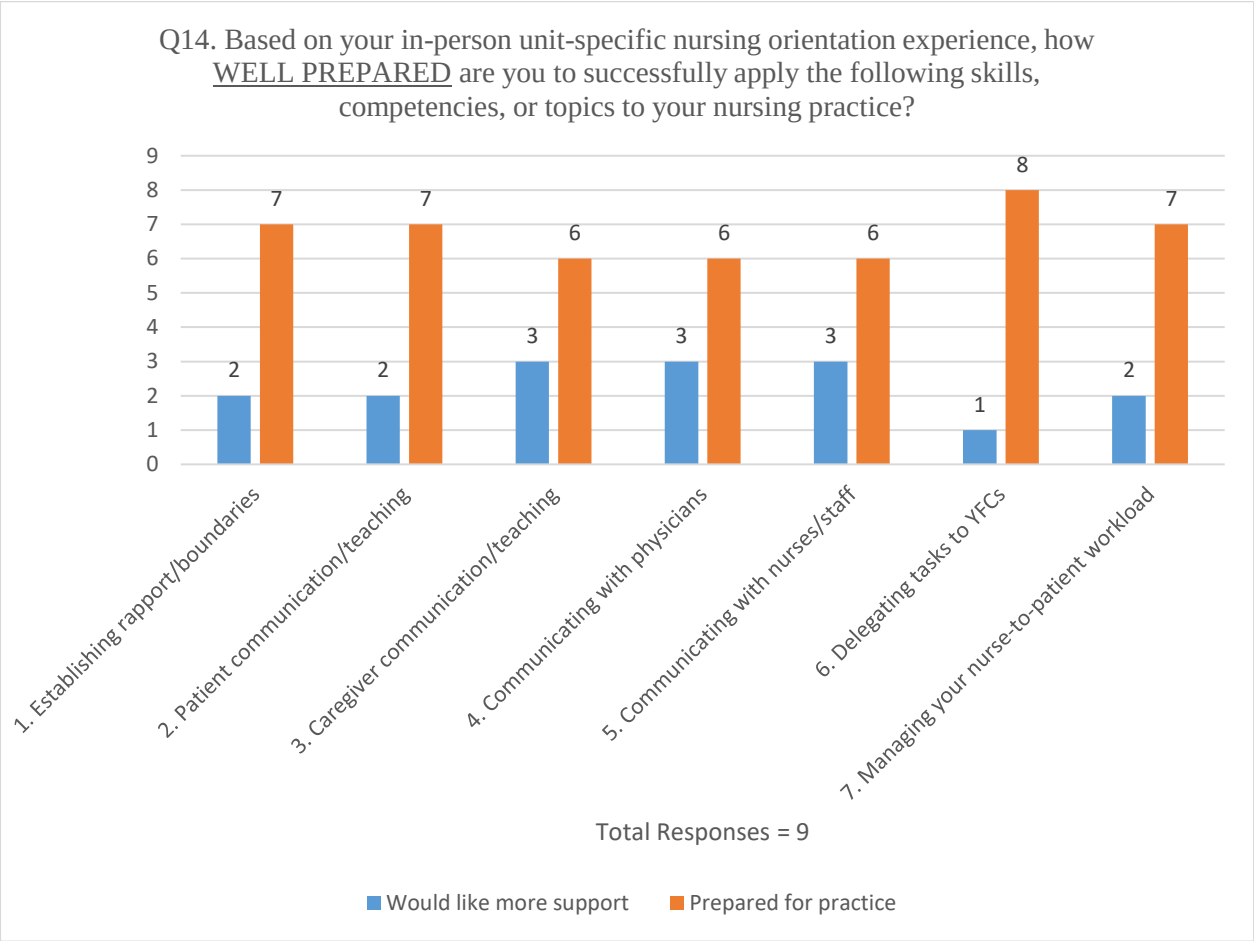
12. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?



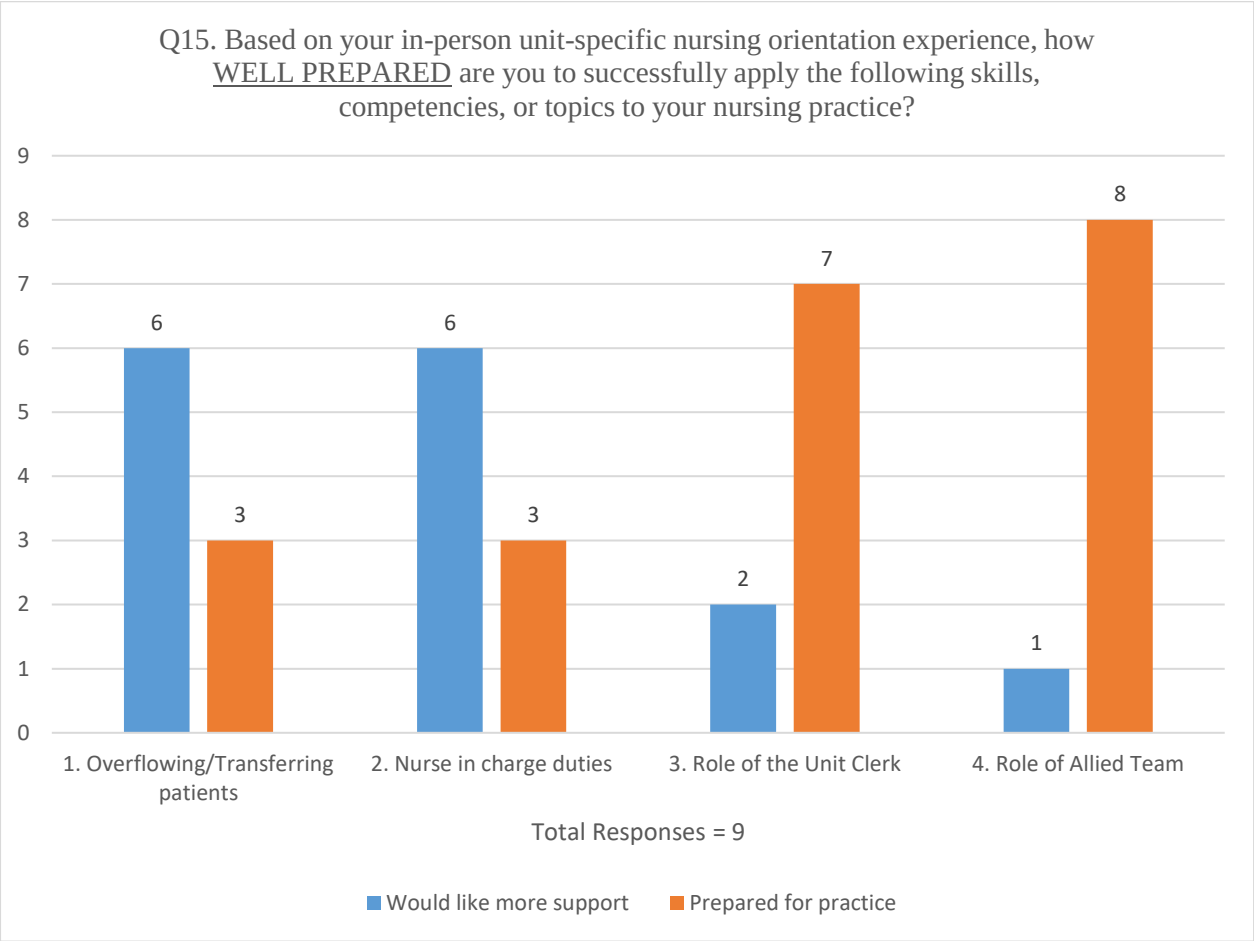
13. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?



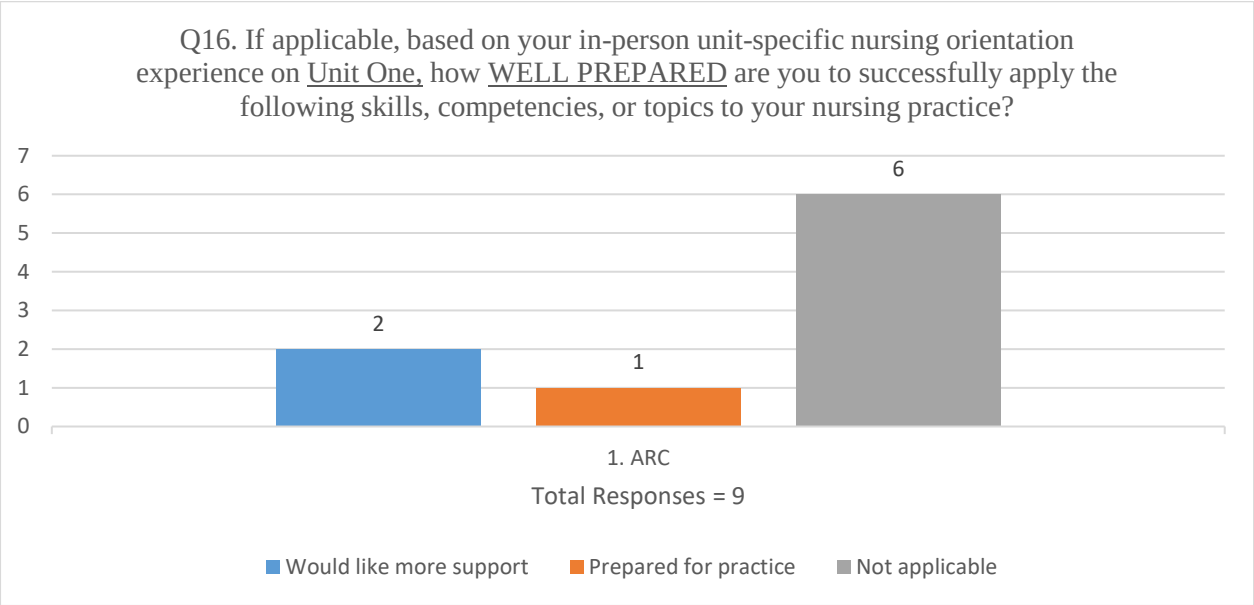
14. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?



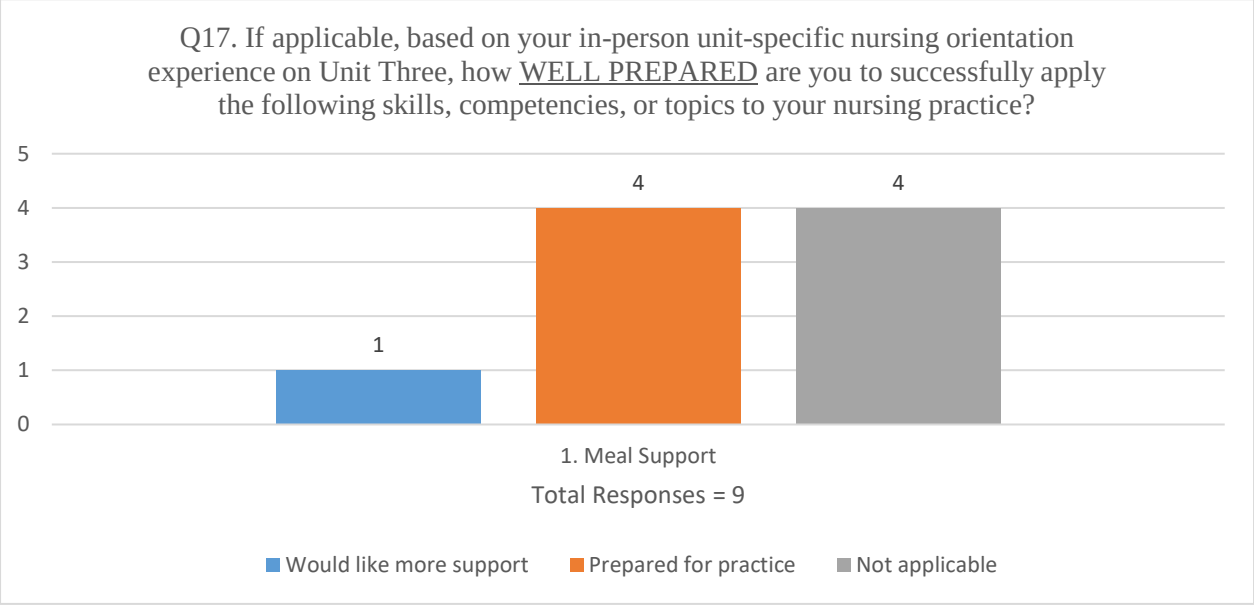
15. Based on your in-person unit-specific nursing orientation experience, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?



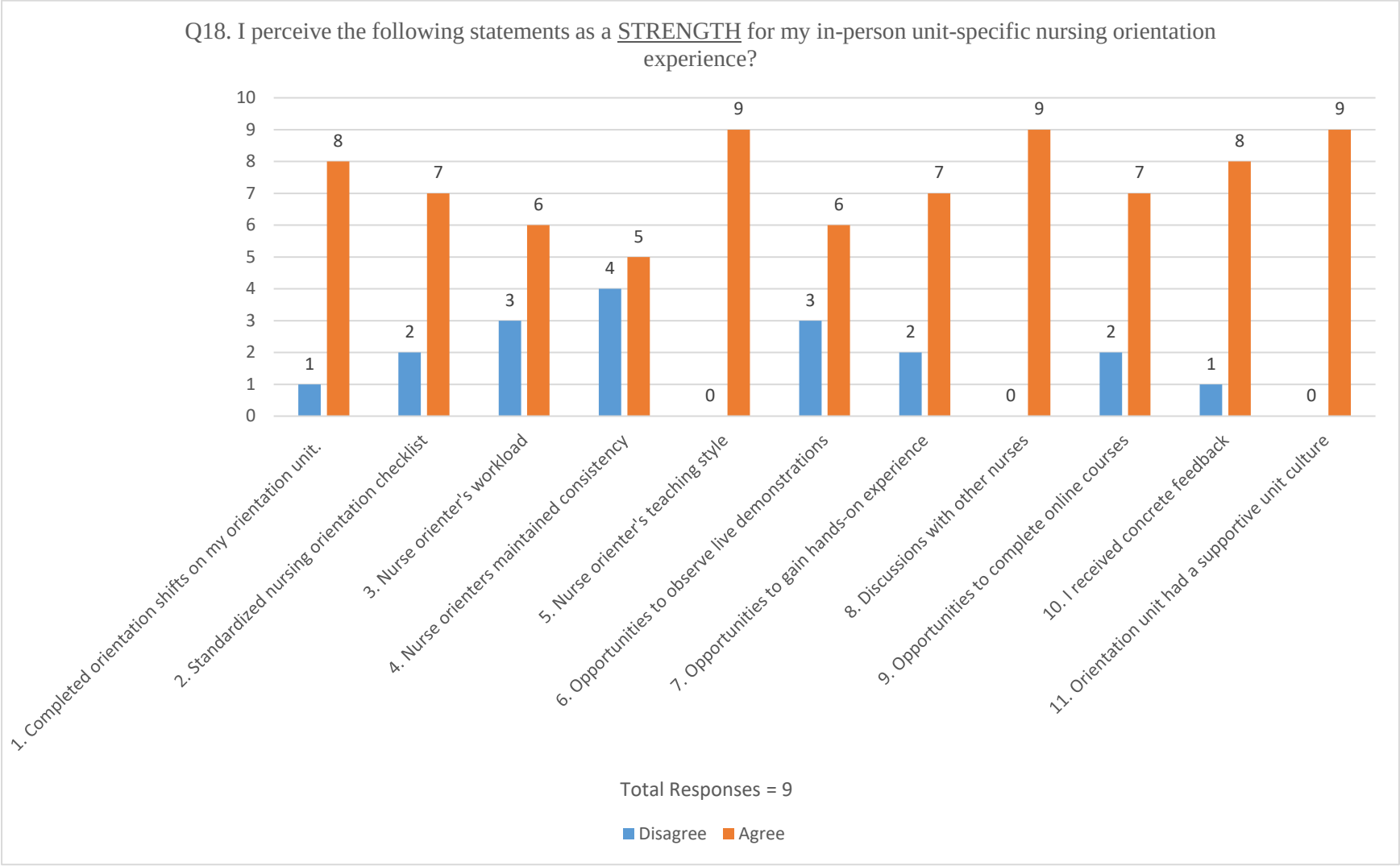
16. If applicable, based on your in-person unit-specific nursing orientation experience on Unit One, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?



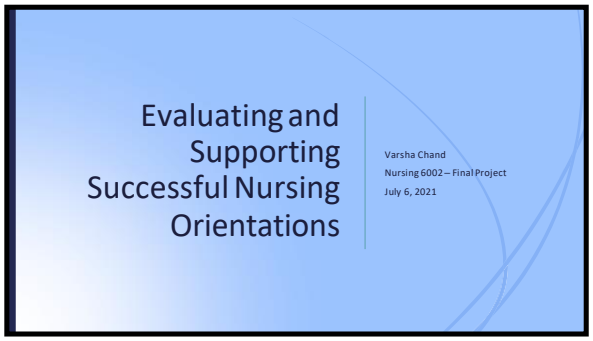
17. If applicable, based on your in-person unit-specific nursing orientation experience on the Unit Three, how WELL PREPARED are you to successfully apply the following skills, competencies, or topics to your nursing practice?

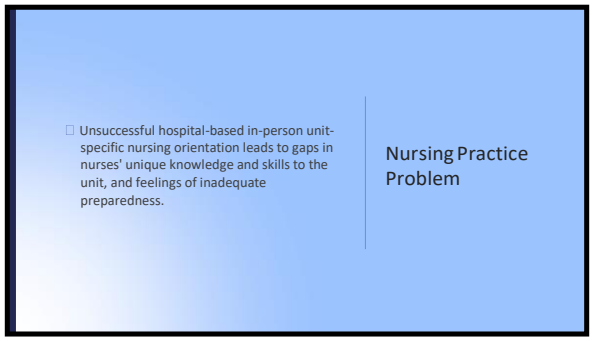


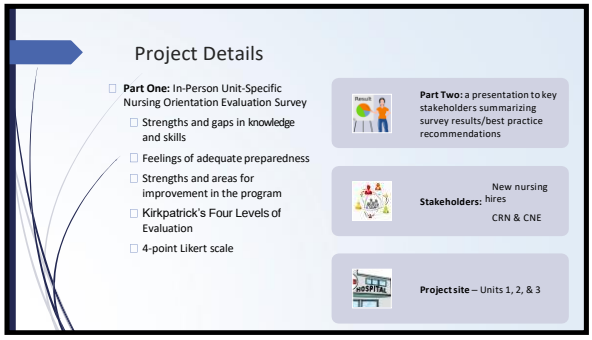
18. I perceive the following statements as a STRENGTH for my in-person unit-specific nursing orientation experience?

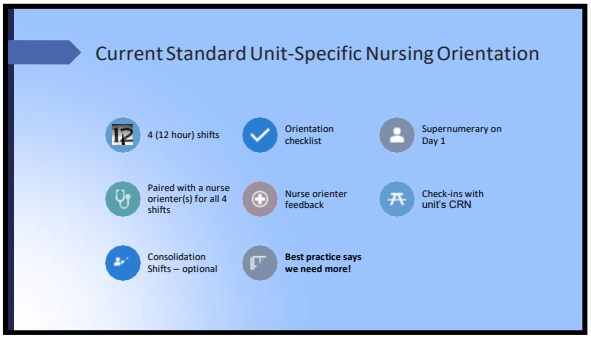


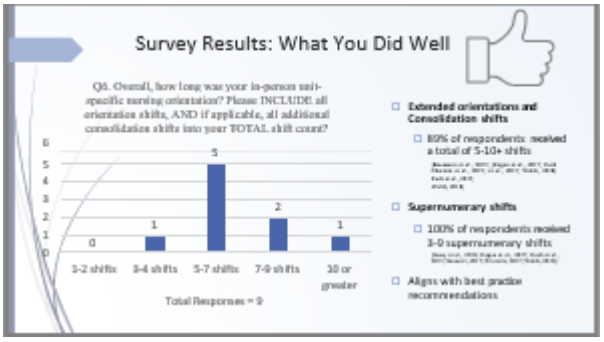
Appendix D: Presentation to Key Stakeholders

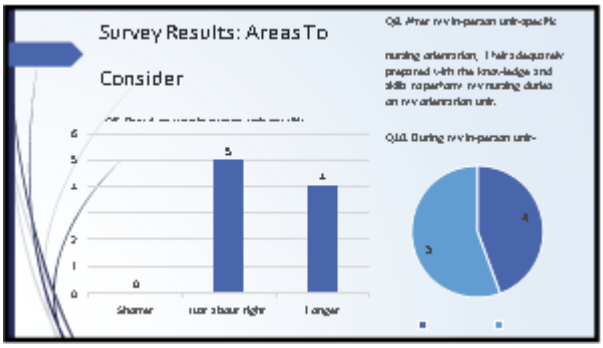












Survey Results – 12 Themes

I Would Like More Support *(Areas for Improvement)*	Prepared To Practice *(Areas of Strength)*
o Admissions and Discharges (100%) o Nurse in Charge (100%)	✓ Patient assessment (100%) ✓ Planning and documentation (100%) ✓ Medication (100%) ✓ Orientation Unit's Routines (100%) ✓ Communication with Patients and Families (100%) ✓ Communication with Colleagues (100%) ✓ Workload Management (100%) ✓ Roles of Other Health Professionals (100%) ✓ Orientation Unit's Model of Care (83%) ✓ Safety (61%)

7

Survey Results – Themes: Prepared To Practice

Safety
✓ COVID19 Policies And Procedures (8/9) ✓ Falls Risk Assessment (8/9) ✓ Self-tool Kit (7/9) ✓ De-escalation, Communication, Managing Aggression (6/9) ✓ Safety Discussion With Patients And Families (6/9) ✓ Suicide Risk Assessment (6/9) ✓ Supporting Patients With Managing Their Anxiety (6/9) ✓ Safety Equipment (6/9) ✓ Assessment Of Suicide And Risk Inventory (5/9) ✓ Managing Patients With Suicidal Ideation And Their Care Plan (5/9) ✓ Managing And Providing Harm Reduction Approaches For Self-harm Behaviours (5/9)

8

Survey Results – Themes: Prepared To Practice

Patient Assessment, Planning And Documentation, Medication, Admissions And Discharges	Orientation Unit's Models Of Care, Orientation Unit's Routines
✓ Supporting Patients With Activities Of Daily Living (9/9) ✓ Documentation/Charting (7/9) ✓ Checking Patients In From And Out For Pass (7/9) ✓ Mental Status Exam (6/9) ✓ Care Planning (6/9) ✓ Medication Administration Process (6/9) ✓ Nurse's Role Re: Patient's Medical Status (6/9) ✓ Nurse's Role In Daily And Weekly Team Rounds (6/9) ✓ Nurse's Role When Patients Disclose Abuse (5/9)	✓ Trauma-informed Practice (7/9) ✓ Mental Health Act (6/9) ✓ Collaborative Problem Solving (6/9) ✓ Milieu Management (6/9) ✓ Most Common Diagnosis (6/9) ✓ Orientation Unit's Routine/ Programming For Patients And Families (6/9) ✓ Most Common Medications (5/9) ✓ Meal Support Training (4/5)

9

Survey Results – Themes: Prepared To Practice

Communication With Patients And Families, Communication With Colleagues, Workload Management	Nurse In Charge, Roles Of Other Health Professionals
✓ Delegating Tasks To Youth And Family Counsellors (8/9) ✓ Establishing Rapport And Boundaries With Patients And Members Families (7/9) ✓ Patient Communication And Teaching (7/9) ✓ Managing Your Nurse-to-patient Workload (7/9) ✓ Caregiver/Parent Communication And Teaching (6/9) ✓ Communicating With Physicians (6/9) ✓ Communicating With Nurses/Staff During Handover (6/9)	✓ Role Of The Allied Team (8/9) ✓ Role Of The Unit Clerk (7/9)

10

Survey Results – Themes: I Would Like More Support

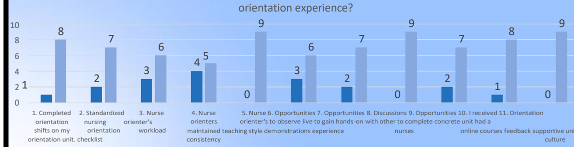
Safety	Patient assessment, Planning and documentation, Medication, Admissions and Discharges	Nurse in Charge, Roles of Other Health Professionals	Orientation Unit's Models of Care
o Risk Triage Tool (7/9) o Managing patients with weapons/harmful objects (6/9) o Violence Risk Screening and Safety Alert Tool (5/9) o Violence/Aggression Risk Assessment and managing patients with homicidal ideation (5/9) o Code White and the roles, restraint, seclusion calling the police (5/9) o Code Yellow (5/9) o Patient Safety Learning System (5/9)	o Nurse's role in discharges (6/9) o Nurse's role in admissions (5/9)	o Overflowing & transferring patients (6/9) o Nurse in charge duties (6/9)	o Attachment, Regulation and Competency (2/3)

11

Survey Results – 11 Statements of Strength & 4 Themes

Agree *(Areas of Strength)*
✓ Orientation Unit Stability (100%) ✓ Nurse Orienter (100%) ✓ Skill Building (100%) ✓ Unit Culture (100%)

Q18. I perceive the following statements as a STRENGTH for my in-person unit-specific nursing orientation experience?



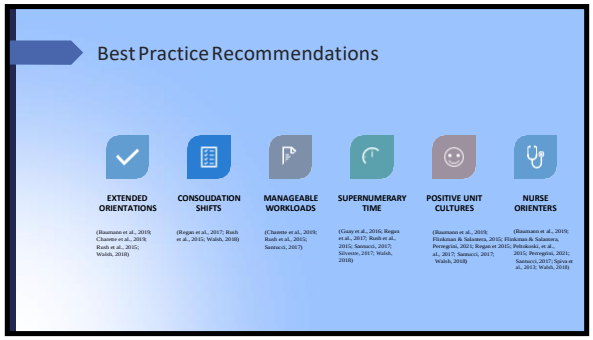
Total Responses = 9

(Allen, 2011; Baumann et al., 2019; Charette et al., Crimlisk, 2017; Culley et al., 2012; Flinkman & Salantera, 2015; Guay et al., 2016; Monforto et al., 2020; Peltokoski et al., 2015; Perregrini, 2021; Regan et al., 2017; Rush et al., 2015;

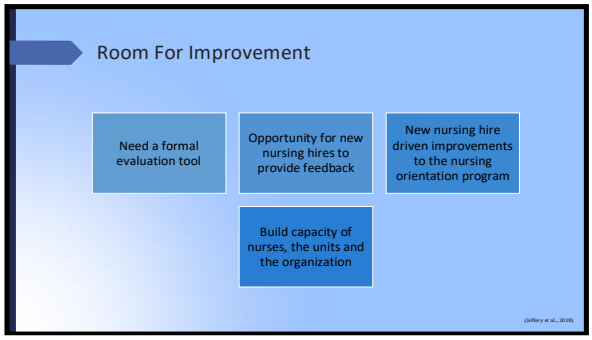
12


Project Weaknesses
Ensuring responses to the survey were received
17 eligible new nursing hires, 9/17 responses
4 were no longer working
2 didn't pick up nursing shifts during the survey roll-out
Survey completion rate
Target: 80%
Actual: 53%
Longer timeframe between completing orientation and completing the survey

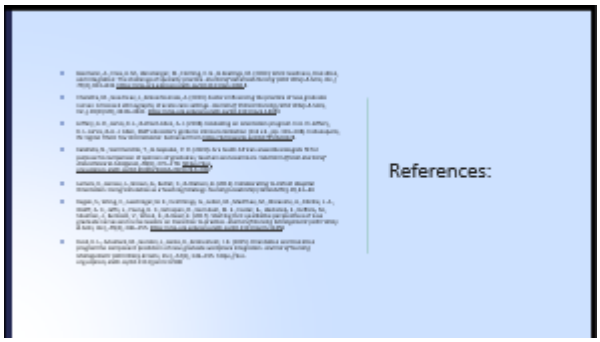
13


Best Practice Recommendations
EXTENDED ORIENTATIONS
CONSOLIDATION SHIFTS
MANAGEABLE WORKLOADS
SUPERNUMERARY TIME
POSITIVE UNIT CULTURES
NURSE ORIENTERS

14


Room For Improvement
Need a formal evaluation tool
Opportunity for new nursing hires to provide feedback
New nursing hire driven improvements to the nursing orientation program
Build capacity of nurses, the units and the organization

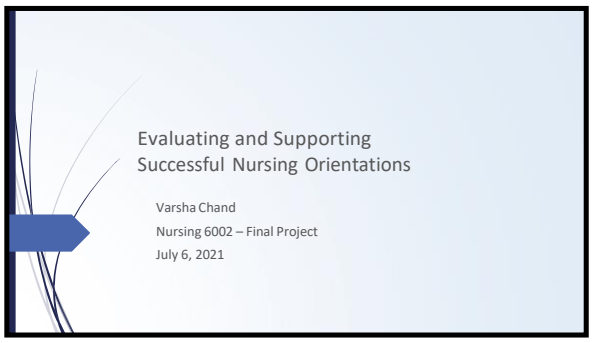

Any questions, comments or feedback?


References:

Appendix E: Logic Model

Goals	Inputs	Audience and Activities	Outputs	Short Term Outcomes	Medium- and Long-Term Outcomes
Provide successful in-person unit-specific nursing orientations that increase nurses' unique knowledge and skills to the unit and feelings of adequate preparedness.	Use of technology: computers, emails, videoconferencing software Stakeholders: direct care nursing staff, nursing leadership, and educators. Time spent creating the survey based on evidence-based strategies and new nursing hires completing it.	Primary Audience: new nursing hires (target survey completion rate of 80%). Secondary Audience: nursing leadership Location: 3 pediatric in-patient mental health units. Kirkpatrick's Four Levels of Evaluation Model reaction, learning and behaviour and results. Results was excluded.	18 question In-Person Unit-Specific Nursing Orientation Evaluation Survey. For new nursing hires who completed their in-person unit-specific orientation between March 1, 2020, to June 27, 2021 Survey questions will assess: impact on nurses' unique knowledge and skills to the unit and feelings of adequate preparedness, strengths and opportunities for improvement Time spent with nurse leaders reviewing strengths and areas for improving existing orientation.	Increased knowledge about strengths and areas for improvement in the existing program. Increased knowledge about new nursing hires' unit-specific knowledge and skills and feelings of adequate preparedness. Demonstrates to new nursing hires that the organization values them and their feedback. A presentation to nursing leadership summarizing results and best practice recommendations for the in-person on-unit nursing orientation.	New nursing hires' feedback will improve the in-person unit-specific nursing orientations to: increase consistency in nursing orientation, deliver safer nursing practice, increase nurse's knowledge and skills, and feelings of adequate preparedness, and increase nurse retention.

Appendix F: Final Master of Nursing Presentation



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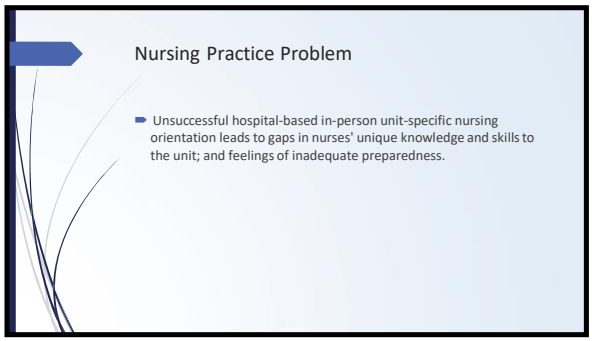

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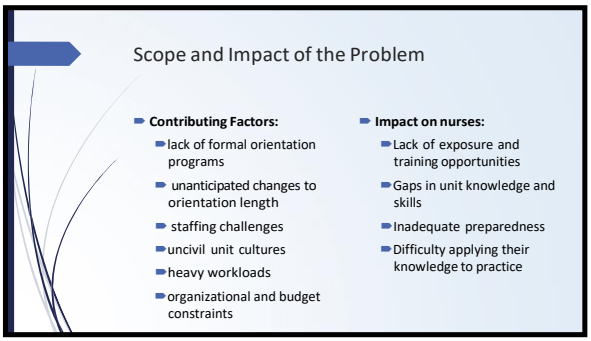

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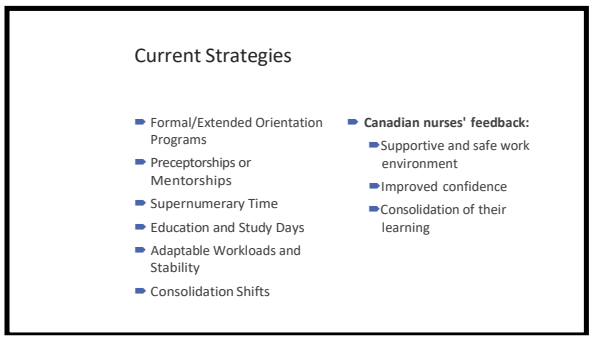
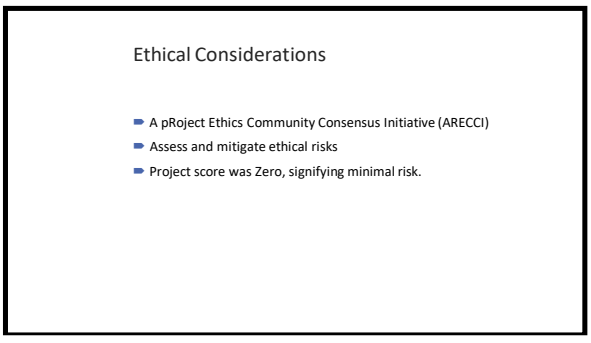




Purpose and Project Description

- **Deliverable Part One:** In-Person Unit-Specific Nursing Orientation Evaluation Survey
  - Evaluate:
    - Strengths and gaps in knowledge and skills
    - Feelings of adequate preparedness
    - Strengths and areas for improvement in the program
- **Deliverable Part Two:** a presentation to key stakeholders summarizing survey results/best practice recommendations

7

Stakeholders

- Primary - New nursing hires
  - Role: complete the survey
  - Voluntary participation
- Secondary - 2 nurse leaders (key stakeholders)
  - Role: subject matter experts, support developing and implementing the survey
  - Stakeholder engagement

8

Rationale For The Project Format

- Kirkpatrick's Four Levels of Evaluation :
  1. **Reaction -** measures learner satisfaction and motivation
  2. **Learning -** measures the degree to which knowledge, skills, or attitudes were acquired or changed
  3. **Behavior -** measures behavioral performance change after returning to the clinical environment
  4. ~~**Results**~~ measures organizational results (excluded from project)

9

4-point Likert Scales

- **Section 3: 49 Skills, Competencies and Topics**
  - 4-point Likert scale (on a scale of 1-4 [from Completely Unprepared, I Would Like More Support to Completely Prepared])
  - Classified as **"I Would Like More Support" vs. "Prepared for Practice"**
  - if > 50% of responses for the item were 3 or 4, the item would be classified as "Prepared for Practice"
- **Section 4: 11 Statements of Strength**
  - 4-point Likert scale (on a scale of 1–4 [from Strongly Disagree to Strongly Agree])
  - Classified as **"Disagree" vs. "Agree"**
  - if > 50% of responses for each statement of strength were 3 or 4, the item would be classified as "Agree."

10

Project Site's Current Standard Unit-Specific Nursing Orientation

- 4 (12 hour) shifts
- Orientation checklist
- Supernumerary on Day 1
- Paired with a nurse orienter(s) for all 4 shifts
- Nurse orienter feedback
- Check-ins with unit's clinical resource nurse (CRN)
- Consolidation Shifts – optional
- **Best practice says we need more!**
- **Project site** – 3 pediatric inpatient mental health units

11

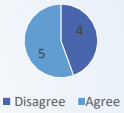
Survey Results: Unit-Specific Nursing Orientation Program Strengths

- Extended orientations
- Consolidation shifts
- Supernumerary shifts
- Aligns with best practice recommendations

12

Survey Results

Q8. After my in-person unit-specific nursing orientation, I felt adequately prepared with the knowledge and skills to perform my nursing duties on my orientation unit.



13

Survey Results – 49 Skills, Competencies, Topics

I Would Like More Support *(Areas for Improvement)*	Prepared To Practice *(Areas of Strength)*
○ **12** skills, competencies or topics ○ 78% (7/9) ○ Risk Triage Tool.	✓ **37** skills, competencies or topics ✓ 100% (9/9) ✓ Activities of Daily Living ✓ 89% (8/9) ✓ COVID19 Policies and Procedures ✓ Falls Risk Assessment ✓ Delegating Tasks To Youth and Family Counsellors ✓ Role Of The Allied Team

14

Survey Results – 12 Themes

I Would Like More Support *(Areas for Improvement)*	Prepared To Practice *(Areas of Strength)*
○ Admissions and Discharges ○ Nurse in Charge	✓ Safety ✓ Patient assessment ✓ Planning and documentation ✓ Medication ✓ Orientation Unit's Model of Care ✓ Orientation Unit's Routines ✓ Communication with Patients and Families ✓ Communication with Colleagues ✓ Workload Management ✓ Roles of Other Health Professionals

15

Survey Results – 4 Themes

Disagree *(Areas for improvement)*	Agree *(Areas of Strength)*
Not applicable	✓ Orientation Unit Stability ✓ Nurse Orienter ✓ Skill Building ✓ Unit Culture

16

Project Development Process - Strengths

- Formal evaluation tool
- Project lead is a subject matter expert
- Balancing project goals
- Partnership between the project lead and the project site's stakeholders

17

Project Development Process - Weaknesses

- Ensuring responses to the survey were received
- 17 eligible new nursing hires
  - 4 were no longer working
  - 2 didn't pick up nursing shifts during the survey roll-out
- Survey completion rate
  - Target: 80%
  - Actual: 53%
- Longer timeframe between completing orientation and completing the survey

18

Major Lessons Learned

- Enhanced ability to evaluate evidence-based information
  - Apply it to my nursing practice.
- Insight into perspectives of the nursing orientation experience
  - Nursing leadership
  - New nursing hires

19

Opportunities- Implications For Nursing Practice

- Need a formal evaluation tool
  - A neutral party for the survey
  - Positive feedback from new nursing hires
- Opportunity for new nursing hires to provide feedback
- New nursing hire driven improvements to the nursing orientation program
- Build capacity of nurses, the units and the organization

20

Any questions, comments or feedback?

21

References:

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