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Development of an Evidence-Based Nursing Orientation Program for a Community Health System

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This is to certify that the doctoral study by

Janet Cuddy

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSN, East Tennessee State University, 2008

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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May 2015

Abstract

Through discussion with the community health system's administration, it was identified that their current nursing orientation program was not well structured or comprehensive. The nursing staff also reported dissatisfaction with the current program. Therefore, a Doctor of Nursing Practice project commenced to develop an evidence-based nursing orientation program for Registered Nurses (RN) and Licensed Practical Nurses (LPN) at a community health system in Virginia. The Competency Outcomes Performance Assessment model guided development of the project through a comprehensive literature review to identify evidence-based data for competencies, learning strategies, and performance evaluations. This review highlighted the importance and benefits of nursing orientation programs as well as the use of evidence-based strategies. As a result of this review, an evidence-based nursing orientation program was developed to meet the needs of the nursing staff as well as the organization. The evidence-based nursing orientation program was translated into an electronic format with an accompanying manual to be used when nurses are hired by the community health system. An advisory board from the organization reviewed the program and their feedback was incorporated. Social change is expected to occur, as nurses will be better prepared for their new position with increased job satisfaction and also to provide optimal care to patients from the community. This project addressed a gap in the literature for generalized nursing orientation programs. Publication in a peer-reviewed journal or oral presentation at the Virginia Community Healthcare Association annual conference was selected for project dissemination.

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Dedication

This project is dedicated to my mother, Karen, who introduced me to the field of nursing and has been a faithful source of inspiration, encouragement, and love.

And to my husband, Bob; without his unconditional love, patience, and support my dream would not have become reality.

Acknowledgements

My success and completion of this DNP project and program has only been possible as a result of the grace and guidance granted to me by my Savior, Jesus Christ. Because with Him, all things are possible.

My deepest and sincerest gratitude belongs to my precious family and special friends. Their love, prayers, and support have empowered me in the numerous difficult moments and have driven me to accomplish this challenging aspiration.

And, special thanks to Dr. Judith Cornelius, project chair, Dr. Riyad Naser, committee member, and Dr. Karen Robson, University Research Review member, who have each contributed a considerable amount of support and guidance in development of this project.

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Section 1: Overview of Doctor of Nursing Practice Project

Introduction

Nursing orientation programs provide new employees with the opportunity to become familiar with the organization's structure, culture, and standards. During this time new hires can gain an understanding about what is expected of them by the organization and what they should expect from the organization (Ragsdale & Mueller, 2005). A successful nursing orientation program must take into account the organization, the nurses, and the needs of the nurses. The orientation program should be integrated into the overall organizational strategy (Kiel, 2012).

One of the primary reasons for nursing orientation is to ensure that new employees understand and retain the policies and procedures for patient safety (Lott, 2006). The orientation period is an ideal opportunity to present the organization's safe practices (Sims & Bodnar, 2012). It is vital for an organization to have a formal orientation program in order to retain and motivate employees, decrease turnover, increase productivity, improve staff morale, facilitate learning, and reduce anxiety of new employees (Ragsdale & Mueller, 2005). By the year 2025 it is anticipated that the nursing shortage will reach 500,000 registered nurses (RNs; Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008; Madkour, 2009). Therefore, it is the responsibility of organizations to enhance their orientation programs to increase nurse retention and track outcomes for the cost-effectiveness of these programs (Kiel, 2012).

Orientation programs need to be continuously updated as a result of constant changes in health care (Kennedy, Nichols, Halamek, & Arafeh, 2012). Program updates

should include evidence-based practice changes, informatics upgrades, and new or modified policies and procedures (Sims & Bodnar, 2012). Successful nursing orientation programs need to be comprehensive, engage adult learners, and encourage sharing and integration of information (Ragsdale & Mueller, 2005). Gaps in an orientation program indicate a need for a better understanding of the requirements of the adult learner and the high cost of replacing newly hired nurses (Kennedy, et al., 2012).

<div align="center">**Problem Statement**</div>

Based on discussions with the chief executive officer (CEO) and clinical director at a rural community health care system, a well-structured and comprehensive orientation program for nursing staff did not exist at their organization (B. Haynes & J. Talbert, personal communication, September 17, 2013). The nursing orientation program in place met several requirements by The Joint Commission (2009) as well as the Occupational Safety and Health Administration (n.d.), but multiple areas for improvement were noted during a review conducted by the CEO, clinical director, and myself. There have been multiple reports of nurse dissatisfaction with the current nursing orientation program (B. Haynes and J. Talbert, personal communication, June 10, 2014). Nurses, including RNs and licensed practical nurses (LPNs), voiced the following concerns regarding the current nursing orientation program: uncertainty about organizational expectations and lack of education regarding organizational and practice protocols, minimal training on electronic charting system, different preceptors during training, and lack of preparation for skills and procedures (nursing staff of community health system, personal communication, April 24, 2014).

During the current nursing orientation program, newly hired nurses (RNs and LPNs) receive a New Employee Packet with information regarding salary, benefits, and list of required documents for Human Resources. The newly hired nurse then spends time with an existing staff member to learn the electronic charting system. Nurses also receive a competency checklist to be completed regarding practice skills as well as handouts for review regarding required training (Sexual Harassment, HIPAA, Privacy and Confidentiality, Cultural Competency, Drug Abuse in the Workplace, Bloodborne Pathogens, Occupational Safety and Health Administration [OSHA], and Age-Specific Competency). Nurses review these training handouts on their own; therefore, concepts emphasized were based on the individual nurse's analysis.

The nursing staff reported that lack of a structured orientation caused confusion during their training as they were unsure which preceptor practices to follow and what was required by the organization. According to Haynes and Talbert (personal communication, June 10, 2014), consistency in the orientation program is necessary so that nursing staff receive the same didactic and clinical content. As nursing orientation and training has been inconsistent, it was difficult to develop standard criteria for objective evaluation of the nursing staff (B. Haynes, personal communication, June 10, 2014). The existing nursing orientation program has led to nurse dissatisfaction and complaints; and as a result the organization may have been at risk for nurse turnover, medication errors, and unnecessary expenditures as well. In the last 5 years, there were four new nurses hired (J. Talbert, personal communication, August 8, 2014); with only 20 nurses on staff, there has been a 20% turnover.

Purpose Statement and Project Question

Without an evidence-based nursing orientation program, health care organizations may be at risk for multiple adverse outcomes. Not only do health care organizations suffer, but the nursing staff does also. To combat this potential danger, health care organizations develop orientation and training programs to better prepare nurses for the challenges of direct patient care and to identify strategies that can be used to keep those nurses employed within the organization (Newhouse, Hoffman, Suflita, & Hairston, 2007). Also, patient care safety and quality are reasons to develop and provide a proficient, updated, and innovative nursing orientation (Kennedy, et al., 2012).

The purpose of this project was to develop a nursing orientation program for the community health system through review of scholarly literature to provide comprehensive, evidence-based education and preparation for newly hired nurses. The current nursing staff will also benefit from the project; they will complete the new orientation program during scheduled sessions within their normal work hours. To achieve this purpose and to answer the following question, I conducted this DNP project: What scholarly literature was needed to develop an evidence-based nursing orientation program for RNs and LPNs at a community health system in Virginia?

Project Goals and Outcomes

The goal of this project was to produce an evidence-based nursing orientation program based on scholarly literature for the community health system. The evidence-based orientation program was tailored to the education needs of nursing staff at the community health system. The program also promotes the principles of the organization

as well as facilitates the newly hired nurse's transition into employment. The outcomes of the project included development of a nursing orientation curriculum based on evidence-based literature that was translated into an electronic format with an accompanying manual to be used when new nurses are hired.

Conceptual Framework

The Competency Outcomes and Performance Assessment (COPA) model guided development of this DNP project. Lenburg (1999) developed the COPA model in the early 1990s to promote competence for practice (see also Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011). This model has been successfully used in undergraduate nursing programs as well as statewide internship programs, proving beneficial for preceptors, new nurse graduates, employers and patient safety (Lenburg et al., 2011). Four essential concepts construct the basis of the COPA model: specification of essential core practice competencies; end-result competency outcomes; practice driven, interactive learning strategies; objective competency performance examinations (Lenburg et al., 2011; Lenburg, Klein, Abdur-Rahman, Spencer, & Boyer, 2009). In order to effectively implement the COPA model, the following questions must be answered: What are the essential competencies required for practice? What are the most effective outcome statements that integrate those competencies? What are the most effective interactive learning strategies to promote achievement of the outcomes? What are the most effective performance assessment methods to validate achievement of outcomes and required practice competencies and subskills (Lenburg et al., 2009; Lenburg, 1999)? To address these concepts and questions with evidence-based support, I conducted a review of

scholarly literature, which is detailed in Section 2.

Significance of Project

Completing a proper orientation program is essential for nurses as they enter the profession or begin a new position in the field. According to Strasser (2005), lack of an appropriate orientation program can be very stressful for new employees and can yield a long period of low productivity. Support from leadership is integral for new hire nurses during their first year of employment as they struggle with new clinical skills, critical thinking skills, and integration into the new culture (Cockerham et al., 2011). Formal nursing orientation programs are also important in recruitment and retention of staff (Charleston, Hayman-White, Ryan, & Happell, 2007). According to Gresch (2009), when developing an effective orientation program, an organization should prepare in advance by creating a comprehensive checklist as well as develop and implement a complete onboarding process and timeline. In addition, organizations should make new employees feel as though they matter through a culture of support and encouragement (Gresch, 2009).

Implications for Social Change

The social change implication for this project is better preparation of staff nurses, both new and existing, for their employment within the community health system. Change will be evident as the nurses will experience better job satisfaction and have a sense of ownership in practice as their concerns have been taken into consideration for the new orientation program. No specific role changes are anticipated for existing staff nurses, but their participation in the new orientation program will allow for

standardization of training for all nurses. With better job satisfaction comes increased

nurse retention; this will translate into cost savings for the organization. Because nurse

turnover has become an ongoing issue in health care, retention has become essential for

organizations (Jones & Gates, 2007). The average cost of turnover for a bedside RN is

approximately $36,000 to $48,000 (NSI Nursing Solutions, 2013). The savings can be

passed on to patients that the community health network serves in various ways.

Additionally, the evidence-based orientation program will better prepare the staff nurses

to provide quality and safe care to patients from the community (Kennedy et al., 2012).

Definition of Terms

The defined terms below are integral to the DNP project.

Orientation programs: These programs provide new employees with information

they need to be successful in their positions; these programs nurture the new employees,

help to increase self-confidence, and facilitate identification with coworkers (Ward,

2009).

Preceptors: Individuals who have exhibited competence in a particular area and

function as a teacher, leader, facilitator, evaluator, and role model to assist in

development and validation of competencies in other individuals (Ulrich, 2011).

Competency outcomes: These outcomes are the results to be attained and are the

focus of all related activities. These outcomes mandate that learners participate in and

become competent in skills used in practice (Lenburg, 1999).

Performance assessments: These assessments ensure that learners are competent

in required skills and not just knowledgeable about them. Assessments can be

accomplished through simulation or written examinations (Lenburg, 1999).

Nurse retention: Reduction in nurse turnover and maintaining existing nurses within an organization's employment (Jones & Gates, 2007).

Assumptions and Limitations

In this scholarly project, it was important to identify assumptions and limitations so that bias could be avoided. Assumptions are conditions that are presumed to be true and if ignored can yield invalid results (Polit, 2010). Limitations are restrictions that may inhibit the generalizability of findings (Burns & Grove, 2009). In this project it was assumed that the current staff nurses at the community health system have honestly reported their concerns and experiences with the current nursing orientation program. This was also considered a limitation as nurses may have limited their feedback on the current nursing orientation program for fear of retaliation from administration and leadership. Another limitation of the project was that this community health system is a small organization with only 20 nurses on staff. In order to address these limitations, an evidence-based nursing orientation program was developed that could be generalized to nurses at this community health system and may be utilized at other rural community health centers with a small nursing staff.

Summary

This section highlighted the importance of an evidence-based nursing orientation program for nursing staff as well as healthcare organizations. The organization's administration and the author, a DNP student, have identified the need for development of such a program at the community health system. This DNP project focused on

developing an evidence-based nursing orientation program for the community health system through review of scholarly literature and modification of the basic nursing orientation program that was in place. The next section highlights scholarly literature for nursing orientation programs.

Section 2: Scholarly Literature Review

Introduction

Discussion with the CEO and clinical director indicated the lack of a well-structured and comprehensive orientation program for nursing staff at the community health system (B. Haynes & J. Talbert, personnel communication, September 17, 2013). Therefore, I proposed development of a nursing orientation program for the community health system based on review of scholarly literature to provide comprehensive, evidence-based education and preparation for newly hired nurses. This section includes a thorough review of the literature and identifies resources for the development of an evidence-based nursing orientation program. The search strategy will be identified and each article will be discussed according to the design, sample, methods, findings, and limitations.

Literature Review

To obtain scholarly articles regarding comprehensive nursing orientation programs, I conducted a Boolean search of Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google, and PubMed/Medline. Search terms and inclusion criteria included the following: *nursing orientation*, *preceptors*, and *competencies*. The initial search yielded 186 articles. Articles for the literature review were excluded if they were published prior to 2004 to ensure that the most current data was available for the project; this left 92 articles for review. The article titles and abstracts were appraised to further reduce search results; the articles were excluded if they were not pertinent to the DNP project. The remaining articles were evaluated and excluded if they were not

specific to nursing or healthcare, were not written in the English language, and were not

from academic journals. The remaining nine articles were used as the scholarly literature

to support the development of this project and were generalizable to the needs of the

nursing orientation program at the community health system.

In order to develop the most effective and efficient nursing orientation

curriculum, attention should be paid to previous work and research (Thomas & Kern,

2004). In the following literature review, I discuss articles related to the importance and

benefits of evidence-based strategies for development of comprehensive nursing

orientation programs. The first three questions of the COPA model were addressed and

supported through review of evidence-based literature while the fourth question will be

addressed in Section 3. The first three questions of the COPA model are as follows: What

are the essential competencies required for practice? What are the most effective outcome

statements that integrate those competencies? What are the most effective interactive

learning strategies to promote achievement of the outcomes (Lenburg et al., 2009;

Lenburg, 1999)?

Importance and Benefits of Comprehensive Nursing Orientation Programs

It is vital that health care organizations provide newly hired nurses with an

effective orientation program, as they need information to be successful in their new

position. A comprehensive nursing orientation program should provide newly hired

nurses with an understanding of the healthcare organization in addition to skills,

resources, and support to facilitate meeting job expectations. The program should also

provide the nurses with a feeling of being welcomed into the health care organization

(Carcich & Rafti, 2007). The following studies provide insight into the importance of nursing orientation programs.

In a qualitative study by Charleston, Hayman-White, Ryan, and Happell (2007), responses from interviews were used to examine psychiatric graduate nurse programs (PGNP) and orientation practices. Purposeful selection yielded participants from 21 area mental health services. Participants included graduate nurses, nurse managers, nurse educators, staff nurses, consumer consultants, mental health nurse academics, and nursing students. Based on the findings, the majority of mental health services had an introductory orientation period that included formal education for mental health nursing, mandatory occupational health and safety sessions, and an overview of the organization structure. The orientation periods ranged from 3 days to 2 weeks. According to Charleston et al. (2007), "a number of participants" (p. 27) reported that the orientation period was not long enough for graduate nurse adjustment while others felt it was too long impeding integration with the organization. Additionally, results indicated that the orientation period was not adequately structured which led to confusion regarding the new hire's role. Also, individual support, including preceptors and supervisors, were identified as important to the nurse's confidence level (Charleston et al., 2007). The article did not identify the number of participants in the study and findings were not discussed based on the responses of the different health care positions represented in the sample (nurses, nurse managers, educators, consultants, students, etc).

Formal nursing orientation programs are also important as they motivate employees, decrease turnover, increase productivity, enhance employee morale, and

decrease anxiety of new staff (Ragsdale & Mueller, 2005). The Education Services Department conducted a needs assessment at the Franciscan Health System to evaluate the effectiveness of their current orientation program. A convenience sample of new employees completed an evaluation form at the conclusion of their orientation program regarding perceived effectiveness of the general orientation program; the number of participants in the sample was not identified in the article. Also, key departmental leaders were polled regarding missing components from the general orientation program. The data collected from the needs assessment indicated that a new employee orientation program using various teaching methods, including adult learning theories, was needed (Ragsdale & Mueller, 2005).

The original nursing orientation program at the Franciscan Health System was mostly lecture-based and received low satisfaction reports. The restructured program included group discussion, role playing, lunch with senior leaders, and use of adult learning principles. After implementation of the new program, 42 new employees participated in a new evaluation. These employees were given a questionnaire to evaluate the value of the program, effectiveness and quality of presenters, appropriate level of difficulty, and overall evaluation; 35 employees completed the questionnaire. The new employees indicated that they were better prepared, better informed, and less anxious upon completion of the revised orientation program. Also, after implementation of the new orientation program, a significant decrease in employee turnover was noted. However, it was difficult to determine if the decrease in turnover was related to the enhancement of the orientation program (Ragsdale & Mueller, 2005).

Not only do comprehensive nursing orientation programs prove to be beneficial to new nursing staff, but health care organizations also reap benefits. By providing appropriate orientation training and information to newly hired nurses, health care organizations set the stage for the nurses' success and retention (Ward, 2009). Ward (2009) conducted a study on an acute care surgical unit of a community hospital and identified the need for a unit-specific orientation class in addition to the hospital's general orientation program. The purpose of the class was to better prepare new nursing staff for practice on the unit, increase job satisfaction, and increase retention on the unit. Twenty-two new employees, including new and experienced nurses, completed the 2-day class. As a result of modifying the orientation class, the unit's 1-year nurse retention rate improved from 44% to 84%. The nurses indicated that the unit class facilitated their identification with the established work group and increased their comfort level as they gained information on what was expected of them. A limitation of the study is that the type of pretest–posttest evaluation questionnaire was not identified. Additionally, the reliability and validity of the questionnaire was not discussed (Ward, 2009).

Evidence-Based Strategies for Orientation Programs

Nursing orientation programs use various strategies to prepare newly hired nurses for their positions within a healthcare organization. It is ideal to cover mandatory topics in a creative and engaging manner, although this can be challenging (Lott, 2006). The following studies detailed strategies to optimize orientation programs.

Utilization of Preceptors

The use of preceptors allows newly hired nurses to procure basic nursing and specialty-specific skills as well as become familiar with patients, protocols, medical providers, and the organization's culture (Sandau & Halm, 2010). Sandau and Halm conducted a systematic review of 12 nursing orientation research reports to identify the impact of preceptor-based orientation programs on the clinical knowledge and skills of newly hired nurses in addition to the impact on organizational and financial outcomes. Sandau and Halm used CINAHL to locate studies conducted over the past 10 years in acute/critical care settings, which focused exclusively on orientees. The key search terms included *nurse orientees*, *preceptors*, *critical thinking*, *competency*, *socialization*, *retention*, and *job satisfaction*. The results of the review indicated that there was evidence for preceptor-based orientation programs to increase program satisfaction, promote retention, and reduce turnover and cost. The study concluded that preceptors were key in the orientation of new graduate nurses as well as experienced nurses; organizations should not underestimate the role of preceptors in successful outcomes for nurses (Sandau & Halm, 2010). A limitation of the review is that it was specific to one database only (Sandau & Halm, 2010).

Competency-Based Assessments

Another strategy for orientation programs is to take a competency-based approach. Competencies vary depending on work settings and specialty areas. Janssen et al. (2005) used a prospective cohort design to evaluate a competency-based education program for a single-room maternity care unit. Participants of the study were 20 nurses

that were hired specifically for the unit. Prior to starting work on the unit, 19 of the nurses completed the Perinatal Nursing Self-Efficacy Survey; one nurse was on sick leave and did not complete the baseline assessment. Six months after practicing on the unit, 15 of the nurses completed the follow-up survey. There were statistically significant improvements noted on the Self-Efficacy survey indicating that the competency-based education model was successful. Important aspects of this program included nurses' identification of their own learning needs, opportunity to select a learning style, and self-evaluation with preceptor input. There were several limitations to the study including the small sample size, the possibility of statistically-significant findings related to a Type I error, the lack of random assignment, and that the sample was likely motivated to learn and adapt to a new setting. Janssen et al. (2005) recommended that future studies use a larger sample size with a randomized design to decrease the probability of a Type I error.

In another study, Bashford, Shaffer, and Young (2012) examined the value of competency-based assessments for newly hired RNs during their first phase of orientation. Data were collected via investigator-recorded field notes and survey responses of newly hired RNs. The surveys were mailed to the sample via interdepartmental mail 3 months after the competency-based assessment and consisted of several questions with a Likert scale and an available space for comments. The sample of 31 RNs had a range of experience from 0–24 years. Results of the study supported use of a competency-based assessment as the nurses valued the enrichment of self-esteem, self-awareness of knowledge, and learning needs. The assessment validated the competence

of newly hired nurses, which subsequently contributed to a practice environment that promotes patient safety and quality care (Bashford et al., 2012).

Other Orientation Methods

In a qualitative study, Carcich and Rafti (2007) evaluated the satisfaction of experienced RNs with self-learning modules (SLM) for orientation versus traditional lecture and discussion methods in achieving competency goals. The study sample included 20 newly hired experienced RNs. SLM is a cost-effective and consistent teaching method that can disperse new knowledge and skills to a large group of nurses. Random sampling was utilized to place the RNs into the experimental and control groups. The control group participated in a traditional orientation program with lecture and discussion on restraint management while the experimental group was presented with an SLM on the same topic. All participants completed a Program Evaluation Instrument (PEI) once their orientation session was completed. Results indicated that the participants were more satisfied with the traditional lecture and discussion type orientation program than the SLMs. This preference may have been relative to the high level of class participation in the control group, which is viewed as active learning; the SLM does not allow for this social interaction. Additionally, the time frame for completion of the orientation session was the same for both groups; it was anticipated that the experimental group would rapidly progress through the content. The limitations of this study included the small sample size and lack of focus on the educational effectiveness of the two teaching methods (Carcich & Rafti, 2007).

Although most nurses will make position changes within their careers, there has been an insignificant amount of attention paid to the orientation needs of experienced nurses (Dellasega, Gabbay, Durdock, & Martinez-King, 2009). Dellasega et al. (2009) conducted a study utilizing daily journaling and focus groups to study three nurses as they entered new positions within an organization. These nurses were considered experienced and experts as they had functioned in a specialty area of nursing or supervisory position. Nurse A had 15 years experience in public health as a case manager and held an associate degree in nursing. Nurse B had 4 years experience working in an acute care inpatient setting; she was enrolled in classes to obtain a bachelor of science in nursing degree. Nurse C had a bachelor of science in nursing degree and had been employed as a middle manager in an inpatient hospital unit for an unidentified amount of time. The study followed these nurses as they participated in a 6-month orientation (3 months in the classroom and 3 months in the clinical setting). The findings indicated that experienced nurses benefited from discussions regarding their expectations and anxieties in their new roles and identified their learning needs. Drawing on their past experiences when transitioning to a new role and finding a source of support in one another was helpful to the experienced nurses. This study was limited to a small group of nurses (Dellasega et al., 2009).

As new nurses transition into practice, they can be affected by factors such as level of confidence in performing required skills, deficits in critical thinking and clinical knowledge, peer relationships, organizational skills, frustrations with the work environment, and communication with physicians (Casey, Fink, Krugman, & Propst,

2004). Casey et al. (2004) conducted a descriptive, comparative study utilizing

questionnaires to examine graduate nurse experiences during timed data periods in their

year of transition into practice. A convenience sample of 270 new graduate nurses from

six acute care organizations participated in the study and completed the Casey–Fink

Graduate Nurse Experience Survey. The results indicated that new graduate nurses

appreciated a longer orientation period (6–24 weeks depending on facility). Preceptors

held a significant role in the new graduate's job satisfaction, provided an example of

professional behavior, and assisted nurses in adjusting to their new practice roles. The

limitations of this study included a low response rate (34%) by the end of the first year;

which could have affected the validity of the results (Casey et al., 2004).

Summary

The literature review conducted provided evidence for the use of comprehensive

orientation programs for nursing staff as well as health care organizations. The use of

preceptors and a competency-based approach were identified as important and beneficial

to nursing staff; this provided support for the third concept of the COPA model. Utilizing

a variety of teaching methods was favorable amongst nurses as well as provided them

with an opportunity to discuss their expectations and concerns about employment.

Limitations and evidence-based strategies identified in the literature review informed

development of a comprehensive nursing orientation program for the community health

system. The next section discusses the process by which the nursing orientation program

was developed for the organization.

Section 3: Methodology

Introduction

This DNP project involved the development of an evidence-based nursing orientation program utilizing the COPA model for the community health system with the intent of providing benefits to nursing staff as well as the organization. The outcomes of this project allowed for the expansion of current knowledge surrounding nursing orientation programs. This section provides an outline of the development of the nursing orientation program specifically concentrating on design, data collection, and recommendations for project evaluation.

Project Design

The project began with an evaluation of scholarly literature to establish a foundation for an evidence-based nursing orientation program for the community health system. This literature review aimed to obtain evidence-based support to address the concepts and questions of the COPA model to inform development of the nursing orientation program. In addition, I reviewed the current orientation program and required competencies of nursing staff at the community health organization (see Appendix A) with the CEO, clinical director, and members of the target population; prior to conducting the review, I obtained written consent from the organization (see Appendix B). After a review of scholarly literature and the organization's current orientation program, I used the COPA model to guide development of the nursing orientation program as specific practice competencies were identified, effective learning strategies incorporated, and effective assessment methods instituted (Lenburg et al., 2009; Lenburg, 1999). The

project was reviewed by the Walden University Institutional Review Board to ensure ethicality, and approval was received prior to data collection (see Appendix C).

Data Collection

I collected evidence-based data from a comprehensive literature review. Scholarly articles were analyzed to support the development of the comprehensive orientation program. The literature review has been detailed in Section 2.

According to the COPA model, essential competencies need to be identified for practice (Lenburg, 1999). After consent was obtained (see Appendix B), the current competencies in place at the community health system (see Appendix A) were reviewed with the CEO, clinical director, and members of the target population during scheduled in-person meetings and phone conferences; the competencies were compared with the requirements set forth by The Joint Commission (2009). Key Joint Commission Standards for orientation programs included:

- Staff qualifications are defined specific to job responsibilities,

- Verification of staff qualifications,

- Orientation is provided to staff,

- Key safety content is provided to staff prior to staff providing care, treatment, or services,

- Staff is oriented to organizational specific policies and procedures; specific job duties, including those related to infection prevention and control as well as assessing and managing pain; sensitivity to cultural diversity; patient rights and ethical aspects of care; waived testing,

- Staff is to participate in ongoing education and training to maintain or increase competency,

- Staff competence is initially assessed and documented as part of orientation,

- Staff is evaluated based on performance expectations that reflect their job responsibilities, and

- Individuals with the educational background, experience, or knowledge related to the skills being reviewed performs competency assessments. (The Joint Commission, 2009, 2014; Occupational Safety and Health Administration, n.d.).

Based on discussions with organization administration as well as the COPA model, I made modifications to the current competency list to comply with Joint Commission standards as well as the needs of the nursing staff at the organization. Next, the competencies were defined with outcome statements and the most effective ways to learn the competencies identified (Lenburg, 1999). Based on the evidence-based literature, strategies such as the use of preceptors were employed to help newly hired nurses become proficient and comfortable with the selected competencies.

The final phase of the COPA model involves standardized methods to validate that competencies have been achieved (Lenburg, 1999; Lenburg et al., 2011). Therefore, I recommended two potential program evaluation plans to the community health system. The first program evaluation plan included data collection regarding the newly hired nurses' perception of the orientation program, their level of comfort with transition into

the organization, and their job responsibilities through use of the Casey-Fink Graduate

Nurse Experience Survey (Casey & Fink, 2014). Secondly, I recommended focus group

meetings with the target population.

Program Evaluation Plan

According to Sims and Bodnar (2012), it is vital to survey newly hired nurses to

evaluate strengths of the orientation program as well as areas needing improvement.

Therefore, I recommended a plan for implementation and evaluation to the community

health system. The sample population should include current nursing staff as well as

newly hired nurses at the community health system. Agency administrators requested that

the current nursing staff be included in the new orientation program to increase

standardization amongst staff (B. Haynes and J. Talbert, personal communication, June

10, 2014). Current staff nurses will be granted time during regular work hours to attend

the mandatory training sessions once the program is implemented.

For evaluation of the evidence-based nursing orientation program, I recommended

that the community health system use the Casey-Fink Graduate Nurse Experience

Survey, developed and studied by Casey, Fink, Krugman, and Propst (2004). I selected

this survey as it provides the opportunity to evaluate nurses' perceptions of their level of

comfort with transition into the organization and their job responsibilities, their level of

job satisfaction, and their level of support from their preceptor, other staff, and

supervisors. I was granted permission to use this survey after I completed a brief

questionnaire regarding my credentials, contact information, and intended purpose and

use of the survey as well as the site at which the survey would be utilized. I was also

granted permission to download the survey for free from the link provided at the end of the questionnaire (see Appendix D). The Casey-Fink Graduate Nurse survey consists of five sections related to comfort with skills and procedures, job satisfaction, demographics, and the nurse's stressors, expectations, and support systems. Reliability scores of the survey ranges from 0.71 to 0.90 for the different sections, and internal consistency for the entire instrument is estimated to be 0.89. The validity of the survey was established through a review conducted by expert nurse directors and educators in both academic and private settings (Casey & Fink, 2014). Based upon the outcomes of the survey, modifications can be made to the nursing orientation program.

Nurses will be informed about the Casey-Fink Graduate Nurse Experience Survey at the beginning of their orientation program. They will also be informed that their participation in the survey is voluntary. Additionally, the participants will be assured that their responses will be anonymous. Once the nurses complete the surveys they can place them in a designated locked box at their facility. The clinical director will collect the anonymous surveys from the box for data entry and analysis; once this task is completed, the director will shred the surveys. I recommended that the organization have newly hired nurses complete the survey prior to the orientation program as well as after completion of the program; this will allow for collection of baseline data and for comparison of results. Also, because the survey evaluates job satisfaction, comfort with skills and procedures, and support systems for nurses, I recommended that the newly hired nurses complete the survey again at set time periods (for example, 3 months later) after they have been employed with the organization to see if outcomes have improved. Development of this

survey focused on identifying stresses and challenges experienced by the graduate nurses at specific periods: baseline, 3 months, 6 months, and 12 months (Casey & Fink, 2004).

According to Krueger (2006), the goal of focus groups is not to reach a consensus or solution but rather to hear a range of feelings and thoughts. Focus group meetings with the target population to obtain detailed information regarding their perception of the nursing orientation program may be beneficial in program evaluation. I recommended that the organization hold the focus group meetings at the time that the postorientation Casey-Fink Graduate Nurse Experience Survey is conducted. A group of five to eight nurses would be ideal for the focus group; smaller groups are recommended when participants have experience or expertise with the topic (Krueger, 2006). The questions should be carefully sequenced as to allow for the focus to move towards those of greatest interest to the researchers. The groups will need to be led by a moderator, such as one of the nurse preceptors, who asks the identified questions and guides the discussion while letting the group interact (Krueger, 2006). Focus group questions could include the following: What needs to be added to the orientation program? What should be removed from the orientation program? What areas of the orientation program are most helpful? What areas of the program are least helpful? I recommended that the focus groups be audio taped and transcribed verbatim. Evaluation of the focus groups may occur through a content analysis of the exact words of the participants. This analysis will allow for an identification of trends and patterns in the group discussion deriving meaning from the content (Krueger, 2006).

Data Analysis

The clinical director will conduct data analysis of the Graduate Nurse Experience Survey and focus groups. The data obtained from the focus group sessions will be analyzed as described above. The results of the anonymous Graduate Nurse Experience Survey will be scored according to the instructional guide provided with the tool. The authors of the Casey-Fink Graduate Nurse Experience Survey recommended use of SPSS software or Excel to analyze survey results. The results of analysis may be shared according to the discretion of the organization. Data analysis will yield needed modifications to the nursing orientation program and otherwise at the community health system.

Content Validity

Measurement of content validity is increasingly important in nursing research. Expert panel members can provide an evaluation of instruments and programs to determine their appropriateness and relevance. The expert panel members should consist of at least three individuals knowledgeable about the subject matter (Polit & Beck, 2008).

After I developed the evidence-based nursing orientation program for the community health system, an advisory board reviewed all content, including the manual (instructor and nursing staff versions) and electronic version. The advisory board consisted of the CEO, clinical director, information technology (IT) director, and three nurses from the target population; the clinical director had experience in developing competencies, nursing orientation programs, and a policies and procedures manual. The advisory board evaluated the program for accuracy and to determine the applicability,

usefulness, and relevance to the organization. Their feedback and recommendations were reviewed and incorporated into the program as indicated before the final version of the program was completed.

As stated previously, nursing orientation programs need to be continuously updated as a result of the constant changes in health care (Kennedy, Nichols, Halamek, & Arafeh, 2012). Therefore, the evidence-based nursing orientation program at the community health system will need to be reviewed at least annually to ensure that the program is accurate and the most up-to-date evidence-based practice changes, informatics upgrades, and new or modified policies and procedures are included (Sims & Bodnar, 2012). The clinical director, IT director, and two members of the target population could conduct this annual evaluation by reviewing the current recommendations from evidence-based literature and governing bodies (i.e., The Joint Commission); these recommendations could then be incorporated into the nursing orientation program as indicated.

Summary

This section has outlined the development of a comprehensive nursing orientation program for a community health system. Benefits could be realized for both nursing staff and healthcare organizations with utilization of evidence-based nursing orientation programs. As this evidence-based nursing orientation program does not specifically pertain to new graduate nurses or nurses in a specialized area, it fulfills a gap in the literature for generic nursing orientation programs. This project should allow for generalizability for other health care organizations with small nursing staff populations in

need of modifying their orientation programs. The next section will detail project

evaluation and findings.

Section 4: Discussion, Findings, & Implications

Introduction

The need for a comprehensive and evidence-based nursing orientation program at a rural community health system was identified through discussions with the CEO and clinical director. In response, I developed an evidence-based nursing orientation program based on review of scholarly literature and the COPA model to comply with Joint Commission standards and meet the needs of the nurses and organization. The evidence-based program includes a nursing orientation manual as well as an electronic version to be placed on the organization's website and used during classroom presentations. In addition to these learning methods, newly hired nurses will spend time with a designated preceptor that will help them become proficient and comfortable with selected competencies. As this was a developmental project it was not implemented; however, a plan for implementation and evaluation was recommended to agency administrators. The following section includes a discussion of project findings and implications as well as a self-analysis of the author.

Summary of Findings

Effective nursing orientation programs are essential as they prepare newly hired nurses to be successful in their new positions and also promote retention, productivity, and learning (Rasgsdale & Mueller, 2005; Ward, 2009). Organizations should invest in comprehensive orientation programs and design them to foster learning, sharing, and integration of information (Ragsdale & Mueller, 2005). This project focused on

development of a comprehensive, evidence-based nursing orientation program for a rural community health system.

COPA Model

The COPA model served as the framework for the nursing orientation program. To address the four essential concepts of the model, the nursing orientation program was developed. The first concept involved specifying the essential competencies for practice (Lenburg et al., 2009, 2011). This was accomplished through review of the organization's nursing competencies and the requirements set forth by the Joint Commission in addition to recommendations from the nursing staff. Once the list of competencies was compiled, outcome statements were developed for each (see Appendix E).

Through review of the scholarly literature, the third COPA model concept, identification of interactive learning strategies, was addressed (Lenburg et al., 2009, 2011). Use of various teaching strategies was recommended in nursing orientation programs (Ragsdale & Mueller, 2005). Multiple studies indicated the importance of preceptors in nursing orientation programs (Casey et al., 2004; Charleston, et al., 2007; Sandau & Halm, 2010). In addition, there was support for the use of competency-based programs (Bashford et al., 2012; Janssen et al., 2005) as well as traditional lecture and discussion type programs (Carcich & Rafti, 2007). Each of these strategies was incorporated into the evidence-based nursing orientation program.

The fourth COPA model concept included standardized methods to validate that competencies have been achieved (Lenburg et al., 2009, 2011). Recommendations for implementation and evaluation were made to the organization, as this was a

developmental project. The Casey-Fink Graduate Nurse Experience Survey (Casey et al., 2004) was recommended for evaluation in addition to focus groups with the target population.

Evidence-Based Literature

Development of the most effective and efficient nursing orientation program must include review of previous work and research (Thomas & Kern, 2004). Upon review of scholarly literature obtained through CINAHL, Google, and PubMed/Medline, support was obtained for a comprehensive and evidence-based nursing orientation program at the organization. Comprehensive orientation programs should provide newly hired nurses with an understanding of the organization, skills, resources, support, and feeling of being welcomed into the organization (Carcich & Rafti, 2007). A study by Charleston et al. (2007) revealed that an inadequately structured nursing orientation program led to confusion about the new hire's role.

The literature review supported use of various teaching methods in nursing orientation programs. According to a study by Ragsdale and Mueller (2005), modifications to a nursing orientation program to include group discussion, role play, socialization with administration, and use of adult learning principles in addition to lecture-based learning helped nurses to feel better prepared and informed. Traditional lecture and discussion-based methods were preferred over self-learning methods, likely because of the class participation and social interaction (Carcich & Rafti, 2007). Experienced nurses appreciated discussions regarding their expectations and anxieties in

their new roles and learning needs (Dellasega et al., 2009) while new graduate nurses valued a longer orientation period (Casey et al., 2004).

The literature review provided ample support for preceptors in nursing orientation programs. Use of preceptors in nursing orientation programs assists newly hired nurses in obtaining basic nursing and/or specialty specific skills in addition to becoming familiar with patients, protocols, medical providers, and the organization's culture. Preceptors contributed to orientation program satisfaction and retention (Sandau & Halm, 2010). Individual support from preceptors and supervisors was important to nurse's confidence level (Charleston et al., 2007). Preceptors are key in orientation of new graduate nurses as well as experienced nurses (Sandau & Halm, 2010). For new graduate nurses, preceptors contributed to their job satisfaction, provided an example of professional behavior, and assisted in their transition into their new practice role (Casey et al., 2004).

Lastly, the literature review supported the use of a competency-based approach in nursing orientation. This method was preferred as nurses valued enrichment of self-esteem, self-awareness of knowledge, and learning needs (Bashford et al., 2012). Statistically significant improvements were noted on a self-efficacy survey after nurses completed a competency-based education program for orientation on a maternity unit (Janssen et al., 2005). This program allowed nurses to identify their own learning needs, select a learning style, and conduct a self-evaluation with their preceptor (Janssen et al., 2005).

In addition to informing development of the evidence-based nursing orientation program, the literature review identified gaps in the current body of knowledge regarding

nursing orientation programs. Current literature is focused on orientation programs for new graduate nurses as well as those in specialty areas. Therefore, more generalizable knowledge is needed for nursing orientation programs. This DNP project has addressed this gap in the literature.

Content Review

The nursing orientation program, electronic version and manual, was presented to the advisory board for review. The advisory board consisted of the CEO, clinical director, IT director, and three nurses from the target population. The advisory board reviewed the nursing orientation program for accuracy and to determine the applicability, usefulness, and relevance to the organization.

The majority of feedback from the advisory board was positive. They appreciated the organized and succinct format of the orientation program as well as the two different components (i.e., electronic version and nursing manual) as this was felt to provide a well-rounded program that would yield standardization for nursing staff. The electronic version of the orientation program was in a familiar format to the nurses, and the board felt it contributed to ease of use. The clinical director valued the inclusion of a copy of all references and evidence-based data placed with each essential competency in the instructor version of the nursing orientation manual as this information could be easily accessed should nursing staff have any questions; this was the only difference between the two manuals.

The advisory board recommended very few changes to the nursing orientation program after their review. The nurses on the advisory board requested clarification on

some of the competencies in the program as some evidence-based recommendations yielded updates; the clinical director addressed this with the nurses, and no changes were indicated. The nurses and clinical director also requested some changes in wording and time frames on specific slides. This feedback was reviewed and incorporated into the program.

As nursing orientation programs need to be continuously updated (Kennedy et al., 2012), an annual review of the nursing orientation program will be conducted. A committee consisting of the clinical director, IT director, and two members of the target population could conduct the annual evaluation. The program should remain accurate and include current evidence-based practices, informatics upgrades, and new or modified policies and procedures (Sims & Bodnar, 2012). Review of evidence-based literature and standards of governing bodies (i.e., The Joint Commission) will help to attain this goal.

Implications for Practice, Research, and Social Change

The development of the evidence-based nursing orientation program yielded several implications for practice, research, and social change. By providing nurses with a comprehensive and evidence-based orientation program, they will be better prepared for practice and patient care within the organization. Health care organizations develop orientation and training programs to better prepare nurses for the challenges of direct patient care and identify strategies that can be used to keep those nurses employed within the organization (Newhouse et al., 2007). For organizations to provide the best care possible they must recruit and retain the best health care providers (Newhouse et al., 2007); with the ongoing issue of nurse turnover, retention is crucial (Jones & Gates,

2007). The cost-savings incurred from nurse retention can be passed on to the organization's consumers (i.e., members of the community). Social change will also be evident as the nurses will experience better job satisfaction and have a sense of ownership as their recommendations have been included in the evidence-based nursing orientation program.

As discussed previously, gaps were identified in the scholarly literature regarding nursing orientation programs. The current literature focuses on nursing orientation programs for new graduate nurses and nurses working in specialty areas. Additional nursing research is needed to inform development of generalized evidence-based nursing orientation programs as well as programs for organizations with a small nursing staff.

Project Strengths and Limitations

There are several strengths and limitations of this project. The nursing orientation program was based on current evidence-based literature, which is one of the major strengths of this project. The orientation program utilized various teaching methodologies, which was preferred based on a study by Ragsdale and Mueller (2005). Also, there will be increased accessibility to important information as the orientation program will be placed on the organization's website, and the nurses will each have their own orientation manual to reference. This project was limited by available literature regarding generalized nursing orientation programs. Also, the nursing orientation program was developed for a small, rural community health system, which may be considered a limitation as the findings are not generalizable and only pertain to the study sample.

Future projects and studies are recommended to address these limitations and expand the knowledge base for generalized nursing orientation programs. Future projects should use various types of health care organizations, including those with larger nursing staff populations. Additionally, it is recommended that future projects further evaluate effective teaching and learning strategies for nursing orientation programs so that optimal outcomes can be achieved. And, emphasis on the orientation needs of experienced nurses may be beneficial in future projects as the majority of literature focuses on new graduate nurses.

Analysis of Self as a Scholar

Nursing scholarship can be defined as "those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods" (American Association of Colleges of Nursing [AACN], 1999). Through coursework for the doctoral degree and through development of the evidence-based nursing orientation program for the DNP project, I have been able to contribute to nursing scholarship. It is my plan to further contribute to nursing scholarship through dissemination of my DNP project as well as in my nursing career endeavors as a practitioner, leader, and educator; this will be accomplished by staying abreast of current research and translating these evidence-based findings into improved nursing practices.

Analysis of Self as a Practitioner

Identification of new phenomena and the utilization of new discoveries in increasingly complex practice situations are the hallmarks of scholarly nursing practice (AACN, 2006). Although I was knowledgeable about evidence-based practice before pursuing the DNP degree, this program has emphasized the importance and pushed me to seek current research and recommendations to use in my daily practice. As a nurse practitioner, I can make best practice decisions by referencing and using high quality evidence (Tymkow, 2011).

Additionally, I have gained skills and expertise throughout the DNP program and my practicum experience that will help me to function as a nurse leader. It is expected that DNP prepared nurses will participate in advanced nursing practice and provide leadership for evidence-based practice (AACN, 2006). Through the DNP program and development of the DNP project, I have become a more well-rounded practitioner, equipped with the knowledge to evaluate, review, and utilize evidence-based data to positively impact and change nursing practice and patient care outcomes.

Analysis of Self as a Project Developer

The process and development of the DNP project has been challenging, but it has also provided a remarkable learning experience. Development of the program and completion of the DNP project has taken much more time than anticipated but has taught me more about the importance of prioritizing, planning, and patience. Becoming proficient at reviewing and incorporating evidence-based information from scholarly literature into project development, policy changes, practice decisions, and patient care

has contributed to my success at being a project developer and has improved the approach I take to nursing practice. Lack of confidence has always been a weakness for me, but as I guided the organization staff and developed the evidence-based nursing orientation program, my confidence in my practice and abilities increased. Although I had not functioned in many leadership roles previously, this project afforded me the opportunity to practice leadership skills and education obtained throughout the DNP coursework. This practice has encouraged me to seek out other opportunities in the future in which I can take on the leader role and promote the use of evidence-based information to improve nursing practice and patient outcomes.

Summary

The development of a comprehensive and evidence-based nursing orientation program for the community health system was needed to meet the needs of the nurses and organization as well as to comply with recommendations from governing bodies. This section has provided an overview of development of the evidence-based nursing orientation program and project findings with regard to the COPA model and scholarly literature. Additionally, implications for practice, research, and social change based on the orientation program were reviewed. And, a self-analysis of the author in the professional roles of scholar, practitioner, and project developer was discussed. In the next section, plans for dissemination of the evidence-based nursing orientation program will be presented.

Section 5: Scholarly Product

Introduction

Health care organizations develop orientation and training programs to better prepare nurses for the challenges of direct patient care and to identify strategies that can be used to keep those nurses employed within the organization (Newhouse et al., 2007). Formal nursing orientation programs help to retain and motivate employees, decrease turnover, increase productivity, improve staff morale, facilitate learning, and reduce anxiety of new employees (Ragsdale & Mueller, 2005). As a comprehensive and evidence-based nursing orientation program did not exist at the community health system, I conducted a DNP project to address this need. In order to better prepare newly hired nurses at the community health system and meet the identified needs of the organization, I developed an evidence-based nursing orientation program based on review of scholarly literature and the COPA model. This section will present a final summary and evaluation of the nursing orientation program as well as plans for dissemination of project results.

Scholarly Product for Dissemination

Dissemination of results is the culmination of DNP projects; it is important to disseminate findings of evidence-based practice and research to improve health care outcomes (AACN, 2006). Project results should be reported to project stakeholders, the academic community, and other professionals in similar settings. Dissemination of project information and results may prove beneficial to others as they may have the same problem in their setting. There are several methods by which to disseminate project

results including executive summaries, abstracts, journal articles, and oral presentations

(Zaccagnini & White, 2011). Proposed methods for dissemination of the information and

results of the evidence-based nursing orientation program are discussed below.

Dissemination through Publication

The first method of dissemination for the results and information of the DNP

project is through publication in an academic nursing journal. An abstract or article

written in a peer-reviewed journal would be an ideal method to discuss the evidence-

based nursing orientation developed based on the COPA model and scholarly literature.

Publication in the Journal of Nursing Administration or Nursing Management journal

would be ideal. Both of these journals are peer-reviewed and would allow results to reach

nurses and nurse administrators who are involved in personnel management, recruitment

and retention, and quality care in the changing health care environment.

Dissemination through Presentation

An oral presentation would also be an effective method to disseminate project

results. Oral presentations can include poster sessions, presentations, or lectures and can

be specific to population-based groups (Zaccagnini & White, 2011). As such, an oral

presentation or poster session at the annual Virginia Community Healthcare Association

(VCHA) conference would be ideal to share information regarding the evidence-based

nursing orientation program developed for a community health system in rural Virginia.

VHCA is the statewide association for more than 110 community health centers and

similar organizations making the annual conference an optimal opportunity to reach a

large group of health professionals who may benefit from information about or

development of an evidence-based nursing orientation program in their organization. The in-person presentation would afford the opportunity for review of both the electronic version of the program as well as the nursing orientation manual.

Project Summary

To summarize, I developed an evidence-based nursing orientation program for a rural community health system in Virginia based on review of scholarly literature and the COPA model. The need for the orientation program was identified through discussions with the CEO and clinical director of the organization. The COPA model guided development of the program by addressing the four concepts of the model: specification of essential core practice competencies, end-result competency outcomes, interactive learning strategies, objective competency performance examinations (Lenburg et al., 2009, 2011). I conducted an evaluation of the organization's current orientation program and nursing competencies. Then, I compared this information to standards established by the Joint Commission and made modifications to the orientation curriculum and nursing competencies as indicated. I developed competency outcome statements and attached them to each nursing competency to assist with standardized evaluation. I conducted a review of scholarly literature and obtained further evidence regarding the importance and benefits of nursing orientation programs as well as effective interactive learning strategies to be utilized in the program (i.e. preceptors, competency-based programs, and various teaching methods). I developed the orientation curriculum and translated it into an electronic format as well as a nursing orientation manual. I presented both versions to an advisory board at the organization for content review. I reviewed their

recommendations and incorporated them into the final version of the program. I did not perform implementation and evaluation as this project was developmental, however, I did present a plan for such to the organization's administration; this included use of focus groups as well as the Casey-Fink Graduate Nurse Experience Survey. This project helps to fulfill a gap in the literature, as further information on generalized nursing orientation programs is needed.

Evaluation Report

During program development, evaluation is important as it produces information to describe, improve, adapt, and make decisions about programs (Hodges & Videto, 2011). An advisory board at the community health system conducted evaluation of this developmental project as described below; I reviewed their feedback and made modifications to the evidence-based nursing orientation program accordingly. Additionally, I developed an evaluation plan and presented it to the community health system to utilize once they implement the program.

Program evaluations are conducted to determine if a program has accomplished what it intended to do, such as meeting goals and objectives (Hodges & Videto, 2011). In order to determine applicability, accuracy, relevance, and usefulness of the orientation program, an advisory board evaluated the evidence-based nursing orientation program. During in-person meetings and through e-mail correspondence the electronic version of the program as well as the nursing orientation manual was presented to the advisory board for review. The advisory board consisted of the CEO, clinical director, IT director, and three nurses from the target population. I reviewed and incorporated the

modifications recommended by the advisory board into the program. Once the organization implements the evidence-based nursing orientation program, I recommended that they utilize focus groups and the Casey-Fink Graduate Nurse Experience Survey for further evaluation.

Because health care is evolving, the nursing orientation program will need to be continuously evaluated and updated (Kennedy et al., 2012). I recommended an annual evaluation of the program to agency administrators to ensure that the program is accurate and the most up-to-date evidence-based practice changes, informatics upgrades, and new or modified policies and procedures are included (Sims & Bodnar, 2012). The clinical director, IT director, and two members of the target population could conduct this annual evaluation and then incorporate the modifications into the nursing orientation program as indicated.

Conclusion

To conclude, I developed an evidence-based nursing orientation program for a rural community health system in Virginia based on scholarly literature and the COPA model. This program addressed the identified needs of the nurses and organization and attempted to reduce the gap in the literature regarding generalized nursing orientation programs. This project will contribute to advancement of the nursing profession as newly hired nurses will be better prepared for practice and patient care as a result of evidence-based education and training. Dissemination of project results will occur through publication in a peer-reviewed journal, such as the Journal of Nursing Administration or

Nursing Management, or presentation at the Virginia Community Healthcare

Association.

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new model for advanced nursing practice*. Sudbury, MA: Jones and Bartlett
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Appendix A: Organization Nurse Competency Assessment

Task	Observation	Needs Additional Training or Review of Policy & Procedure	Date Reviewed or Observed	Initial of Peer Observer
Patient Preparation:				
Vital Signs (Wt, Ht, BP, Pulse, Respirations, Temp)				
Orthostatic BP				
Appropriate 'normal' parameters				
Calls patients back and prepares for provider				
Takes info from pt: chief complaint, meds, allergies, history update, pain assessment				
Assists provider during treatment and testing of pt				
Lab Collections:				
Venipuncture: Use of appropriate tubes, labeling, spinning, storage, handling, eClinical				
Clean Catch Urine				
Urine Drug Screen				
Quality Control Checks				
Hemoccult				
Hgb A1c				
PT/INR				
Glucose				
Pregnancy				
Strep				
Flu				
Mono				
Urinalysis				
Injections:				

Subcutaneous			
IM			
Intradermal			
Vaccinations:			
Correct dose/route			
Schedules			
PAP:			
Assist physician			
Proper forms/labeling			
Proper Equipment			
EKG's			
Pulmonary FunctionTests			
Oxygen			
Pulse Ox			
Surgical Procedures			
Assist Physician			
Proper Equipment			
Surgical Site Infection Training			
Crash Cart:			
Defibrillator Use			
Checklist			
IV Therapy:			
Proper Procedure			
Wound Care/Dressing Changes:			
Bandages/Splints			
Ace Bandages			
Audiometer			
Ear Irrigation			
Eye Irrigation			
Autoclave			
Cleaning Instruments			
Autoclave procedures			
Biological Indicators			
X-ray			
Administration			

of medications: IV, PO, IM, SL, Intradermal, topical, Nitroglycerin, ointment, patch, nebulizer			
Waived Testing			
Test	**Observation**	**Check Off**	
HgbA1c			
Mononucleosis			
Influenza			
Strep			
Pregnancy			
Hemoglobin			
Hematocrit			
Blood Glucose			
Prothrombin Time (PT)			
Urinalysis			

Appendix B:
Consent to Review Orientation Program

Southwest Virginia Community Health Systems, Inc.

Corporate Office
319 Fifth Avenue
P.O. Box 729
Saltville, Virginia 24370
Phone (276)496-4492
Fax (276)496-4839

Saltville Medical Center
308 West Main Street
P.O. Box 729
Saltville, Virginia 24370
Phone (276)496-4433
Fax (276)496-5923

Twin City Medical Center
2195 Euclid Avenue, Suite 6
Bristol, Virginia 24201
Phone (276)669-5179
Fax (276)466-8870

Tazewell Community Health
583-C Riverside Drive
North Tazewell, Virginia 24360
Phone (276)979-9899
Fax (276)979-9798

Meadowview Health Clinic
13168 Meadowview Square
P.O. Box 297
Meadowview, Virginia 24361
Phone (276)944-3999
Fax (276)944-3882

Mt. Rogers Medication
Assistance Program
(276)496-4433
(276)669-5179
(276)944-3999

Southwest Virginia Regional
Dental Center
319 Fifth Avenue
PO Box 729
Saltville, VA 24370
Phone (276) 496-4492
Fax(276) 496-4839

Migrant Health Network
(276)496-4492

Mt. Rogers
Counseling Services
(276)496-4433
(276)669-5179
(276)944-3999

September 22, 2014

To Whom It May Concern:

The purpose of this letter is to grant access to Brooke Cuddy so that she may review Southwest Virginia Community Health Systems, Inc. current orientation program & competency list for her Doctorate of Nursing Practice project and for development of a new orientation program.

Please advise if you should need additional information.

Sincerely,

Gail V. Mullins
Gail V. Mullins
Human Resources Director
276-496-4492 X 1015
gmullins@svchs.com

Appendix C: Walden University Institutional Review Board Approval Letter

Dear Ms. Cuddy,

This email is to notify you that the Institutional Review Board (IRB) confirms that your doctoral capstone entitled, "Development of an Evidence-Based Nursing Orientation Program for a Community Health System," meets Walden University's ethical standards. Since this project will serve as a Walden doctoral capstone, the Walden IRB will oversee your capstone data analysis and results reporting. Your IRB approval number is 11-25-14-0379649.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the documents that have been submitted to IRB@waldenu.edu as of this date. This includes maintaining your current status with the university and the oversight relationship is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to the project staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB materials, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: http://academicguides.waldenu.edu/researchcenter/orec

You are expected to keep detailed records of your capstone activities for the same period of time you retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Please note that this letter indicates that the IRB has confirmed your doctoral capstone meets Walden University's ethical standards. You may not begin the analysis phase of

your doctoral capstone, however, until you have received the **Notification of Approval to Conduct Project** e-mail. Once you have received this notification by email, you may begin the data analysis.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: 626-605-0472
Phone: 612-312-1283

Office address for Walden University:
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.

Appendix D: Casey-Fink Graduate Nurse Experience Survey

Casey-Fink Graduate Nurse Experience Survey (revised)

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I. **List the top three skills/procedures you are *uncomfortable performing* independently at this time? (please select from the drop down list)** list is at the end of this document.

    1. _____

    2. _____

    3. _____

    4. _____I am independent in all skills

II. **Please answer each of the following questions by placing a mark inside the circles:**

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	○	○	○	○
2. I am comfortable knowing what to do for a dying patient.	○	○	○	○
3. I feel comfortable delegating tasks to the Nursing Assistant.	○	○	○	○
4. I feel at ease asking for help from other RNs on the unit.	○	○	○	○
5. I am having difficulty prioritizing patient care needs.	○	○	○	○
6. I feel my preceptor provides encouragement and feedback about my work.	○	○	○	○
7. I feel staff is available to me during new situations and procedures.	○	○	○	○
8. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○
9. I feel supported by the nurses on	○	○	○	○

my unit.

10. I have opportunities to practice skills and procedures more than once.

        O   O   O   O

11. I feel comfortable communicating with patients and their families.

        O   O   O   O

	STRONGLY DISAGREE	**DISAGREE**	**AGREE**	**STRONGLY AGREE**
12. I am able to complete my patient care assignment on time.	O	O	O	O
13. I feel the expectations of me in this job are realistic.	O	O	O	O
14. I feel prepared to complete my job responsibilities.	O	O	O	O
15. I feel comfortable making suggestions for changes to the nursing plan of care.	O	O	O	O
16. I am having difficulty organizing patient care needs.	O	O	O	O
17. I feel I may harm a patient due to my lack of knowledge and experience.	O	O	O	O
18. There are positive role models for me to observe on my unit.	O	O	O	O
19. My preceptor is helping me to develop confidence in my practice.	O	O	O	O
20. I am supported by my family/friends.	O	O	O	O
21. I am satisfied with my chosen nursing specialty.	O	O	O	O
22. I feel my work is exciting and challenging.	O	O	O	O
23. I feel my manager provides encouragement and feedback about my work.	O	O	O	O

24. I am experiencing stress in my personal life.   O   O   O   O

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

     a.   Finances
     b.   Child care
     c.   Student loans
     d.   Living situation
     e.   Personal relationships
     f.   Job performance
     g.   Other _____

III.   **How *satisfied* are you with the following aspects of your job:**

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	O	O	O	O	O
Vacation	O	O	O	O	O
Benefits package	O	O	O	O	O
Hours that you work	O	O	O	O	O
Weekends off per month	O	O	O	O	O
Your amount of responsibility	O	O	O	O	O
Opportunities for career advancement	O	O	O	O	O
Amount of encouragement and feedback	O	O	O	O	O
Opportunity for choosing	O	O	O	O	O

shifts worked

IV.   **Transition (please circle any or all that apply)**

1. What difficulties, if any, are you currently experiencing with the transition from the *"student"* role to the *"RN"* role?

    a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
    b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
    c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
    d. fears (e.g. patient safety)
    e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

    a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
    b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
    c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
    d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

    a. peer support (e.g. belonging, team approach, helpful and friendly staff)
    b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
    c. ongoing learning (e.g. preceptors, unit role models, mentorship)
    d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
    e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?

    a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
    b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
    c. interpersonal relationships (e.g.gossip, lack of recognition, lack of teamwork, politics)
    d.   orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

_____

_____

V. *Demographics:* **Circle the response that represents the most accurate description of your individual professional profile.**

1. **Age:** _____ **years**

2. **Gender:**
   a. Female
   b. Male

3. **Ethnicity:**
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information

4. **Area of specialty:**
   a. Adult Medical/Surgical
   b. Adult Critical Care
   c. OB/Post Partum
   d. NICU
   e. Pediatrics
   f. Emergency Department
   g. Oncology
   h. Transplant
   i. Rehabilitation
   j. OR/PACU
   k. Psychiatry
   l. Ambulatory Clinic
   m. Other: _____

5. **School of Nursing Attended (name, city, state located):** _____

6. **Date of Graduation:** _____

7. **Degree Received:**   AD: _____   Diploma: _____   BSN: _____   ND: _____

8. **Other Non-Nursing Degree (if applicable):** _____

9. **Date of Hire** *(as a Graduate Nurse)***:** _____

10. **What previous health care work experience have you had:**
    a. Volunteer
    b. Nursing Assistant
    c. Medical Assistant
    d. Unit Secretary
    e. EMT
    f. Student Externship
    g. Other *(please specify)*: _____

11. Have you functioned as a charge nurse?
   a. Yes
   b. No

12. Have you functioned as a preceptor?
   a. Yes
   b. No

13. What is your scheduled work pattern?
   a. Straight days
   b. Straight evenings
   c. Straight nights
   d. Rotating days/evenings
   e. Rotating days/nights
   f. Other *(please specify)*: _____

14. How long was your unit orientation?
   a. Still ongoing
   b. ≤ 8 weeks
   c. 9 – 12 weeks
   d. 13 – 16 weeks
   e. 17 - 23 weeks
   f. ≥ 24 weeks

15. How many *primary* preceptors have you had during your orientation?
   _____ **number of preceptors**

16. Today's date: _____

Drop down list of skills

Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Nasogastric tube management
ECG/EKG/Telemetry care
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/time management
Tracheostomy care
Vent care/management
Wound care/dressing change/wound vac
Unit specific skills _____

Appendix E: Essential Competencies for Practice and Outcome Statements

- Mission and Vision of the Organization

  o Provide compassionate, patient-centered, and affordable healthcare to all patients served within the community health partnership.

- HIPAA/Confidentiality

  o Protect medical records and other personal health information of patients within the community health partnership and in their care while appropriately disclosing such information as indicated for patient care and other important purposes.

- Safety

  o Environment of Care

    ▪ Comply with the management plans developed for the organization in compliance with the Joint Commission Standards for Environment of Care and know to locate these plans in the SVCHS Environment of Care Plans Safety Management Manual.

  o OSHA

    ▪ Understand and follow the safety protocols of the organization based on OSHA standards.

  o Infection Prevention and Control

    ▪ Follow identified techniques and precautions to identify and reduce the risks of infection.

  o Universal Precautions

- Practice precautions and safeguards to prevent exposure to blood and other certain body fluids. Respond appropriately if any exposure occurs.
  - National Patient Safety Goals
    - Identify patient with at least 2 patient identifiers when providing care, treatment, or services. Follow identified steps to prevent infection and surgical mistakes. Use medications safely by reviewing and recording patient's medications, assessing the patient's understanding of their medications, labeling medications prior to procedures, and using caution with patients who are on blood thinners.
      - Patient Identification
        - Identify the individual as the person for the care, treatment, or service is intended accurately and reliably using 2 patient identifiers.
  - Adverse Events
    - Define and identify adverse events and understand where to report such occurrences.
  - Safety Data Sheet
    - Understand the purpose of Safety Data Sheets as well as where to locate them at their practice site.
- Patient Rights/Patient Bill of Rights
  - Understand the purpose of patient rights and utilize these principles in patient care.

- Age Specific Competence

  o Provide age-appropriate care to each patient.

- Cultural Competence

  o Understand culture and attributes of such that may affect care. Provide culturally competent care to each patient.

- Fall Prevention

  o Identify risk factors for falls. Perform assessment of fall risk and implement measures to prevent falls.

- Pain Management

  o Assess all patients for pain. Provide pain management as indicated and per provider's orders.

- Nursing Policies and Procedures

  o Blood Pressure

    ▪ Perform and record blood pressure readings on patients 3 years of age and older unless otherwise contraindicated.

  o Head Circumference

    ▪ Measure and record head circumference of all children, up to and including 24 months, at well child check and when otherwise indicated

  o Height and Weight

    ▪ Measure and record height and weight on each patient using age appropriate methods.

  o Patient Preparation

- Encourage patient cooperation with the exam by explaining the procedures, assisting the patient during the exam, and providing educational materials.

o Pulse

- Measure pulse rate on all adult patients at every visit. Measure pediatric pulse at provider's discretion.

o Respirations

- Measure and record respiration rate after obtaining pulse.

o Temperature

- Measure and record oral, rectal, or axillary temperature on each patient.

o Autoclave Utilization

- Sterilize all reusable medical equipment in autoclave according to manufacturer instruction prior to patient use.

o Disinfection of Patient Care Areas and Equipment

- Decontaminate patient care surfaces and areas as well as patient care equipment after treatment of each patient and at the completion of daily work activities.

o Orthostatic Blood Pressure

- Measure orthostatic blood pressure and pulse on any patient with the complaint of dizziness, lightheadedness, or other symptoms suspicious for decreased blood volume.

o Vision Screening

- Measure visual acuity on patients as indicated.

o Multi-Dose Injectable Vial

- Label each multi-dose vial of injectable medication with a 28-day expiration date, unless other time limit is specified, and individual's initials.

o Sterile Saline Solution

- Maintain sterile saline as indicated by type of usage.

o Emergency Medications/Crash Cart

- Maintain a properly stocked and prepared emergency cart; remove and replace any expired medications. Check defibrillator to ensure proper functioning.

o Alert/Panic/Critical Test Results

- Upload test results to the correct patient's chart and flag lab to the ordering provider's attention; Write down critical lab value(s) information verbatim and read back exactly as written when received over phone; the individual receiving the critical value should sign and put date/time on information. Place the critical lab value on the correct chart and bring to the attention of the ordering medical provider immediately, or other available medical provider if ordering provider not available.

o Labs

- Use proper technique, identified essential steps, and special considerations to obtain a blood sample or specimens for laboratory evaluation.

(Venipuncture, Blood Glucose, Broken Systems, Fecal Occult Blood, DCA Hemoglobin A1c, Binax Now Influenza A & B, KOH Mount, OSOM Mono, Patient Identification, QuickVue hcG Urine Pregnancy, Coagucheck System Prothrombin Time, INRatio 2 Promthrombin Time, Reporting of Test Results, Strep Test – Rapid Quick Vue, Skin Puncture, Throat Culture, Urinalysis, Wet Mount)

- o X-rays
  - Assist provider and patient as needed to obtain ordered x-rays
- o Emergency Protocols
  - Function in designated role(s) during emergency situations (Team Leader, Procedure Nurse, Circulator, Recorder). Follow protocols for patient treatment during specific emergencies. (Triage, Abrasions/Lacerations, Severe Allergic Reactions, Acute Asthma, Burn Injuries, Cardiac Arrest, Chest Pain/Possible MI, Allergic Response to Insect Sting, Poisons, Seizures)
- Triage
  - o Perform initial assessment of patients upon arrival and prepare them for further evaluation by the medical provider according to their identified need(s) and acuity.
- Provider Assistance
  - o Perform initial assessment of patient to prepare them for visit with the provider. Assist provider in patient care as needed.

- Phone Calls/Prescriptions

  o Monitor prescription fax log and address any incomplete faxes. Answer all
    phone calls and messages within 4 hours. Answer all eCW patient portal
    encounters within 4 hours.

- Referrals and Records

  o Assist provider in sending referrals to Referral Clerk. Perform stat referrals
    and monitor outcomes.

- Supplies

  o Monitor exam rooms to ensure they remain well-stocked with supplies.
    Document any supplies needed on a Supply Requisition form and place in
    designated area.

- Equipment Monitoring

  o Monitor equipment and perform quality control measures as indicated by
    manufacturer recommendations. Report any malfunctions to Supervisor.

- Cancer Screening

  o Use guidelines in patient education and in assisting providers with screening
    and procedures.

- Customer Service

  o Provide quality patient care.

- Difficult Patients

  o Act calm and responsibly when dealing with angry patients. Apologize to
    patient and seek to arrive at a resolution.

- E-Clinical – Training/Documentation

  o Document each patient encounter, whether in office, by phone, or otherwise, fully and accurately within the E-Clinical electronic health record system.

- Human Resources

  o Equal Employment Opportunity

    ▪ Understand that SVCHS is an equal opportunity employer. Identify types of discrimination.

  o Sexual Harassment

    ▪ Understand sexual harassment and be able to identify different types. Understand SVCHS policy and who to notify if harassment occurs.

  o Prescription Drug Abuse

    ▪ Understand that SVCHS is a drug-free workplace and unlawful manufacture, distribution, possession and use of controlled substances at SVCHS is prohibited; including illegal and prescription drugs.