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Clinical Practice Guidelines for Nursing Orientation at a Small Clinic

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Walden University

College of Nursing

This is to certify that the doctoral study by

Elizabeth Mylominee Bemah

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2021

Abstract

Clinical Practice Guidelines for Nursing Orientation at a Small Clinic

by

Elizabeth Mylominee Bemah

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2021

Abstract

In the United States, the registered nurse turnover rate was 17.2% in 2018, a 0.4% increase from 2017. The nursing turnover rate at a small out-patient clinic in the northeast United States was 19.1% in 2019 and has not improved to date. The administrator at the out-patient clinic further indicated that the turnover rate has been approximately two nurses per month for the last 6 months and that the facility did not have a formalized nurse orientation program. Nursing orientation is one of the strategies for increasing the confidence levels and retention of newly hired nurses. The purpose of this project was to develop an evidence-based clinical practice guideline to orient newly hired nursing staff in a small outpatient clinic. The project question addressed whether the development of an evidence-based clinical practice guideline could serve as a resource for orienting new nurses at a small outpatient clinic in the northeast United States. Kurt Lewin's theory of organizational change was used to guide this project by mirroring that change evolves through unfreezing, changing, and refreezing stages. The Appraisal of Guidelines for Research & Evaluation II instrument was also used to guide, develop, and appraise the guideline. An expert guideline review panel provided feedback to revise the guideline draft to yield the final guideline. The panel shared their plan to recommend that clinic administrators incorporate the guideline at the project site. This clinical practice guideline has the potential to increase the clinical practice skills, critical thinking skills, interpersonal relationships, and technical skills of newly hired nurses, which can positively impact social change.

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Dedication

This project is dedicated to my late mother, Nia-Nyamah, whose long-term hospitalization helped me play the role of a caregiver at eight years old. Also, to my two boys, Terry and Mowoe who struggle daily with severe illnesses, to my loving daughter, Elda, and my three grandsons (Albert, Joshua, and Nicholas) for their financial, moral, emotional, and physical supports. This journey has motivated my passion for the nursing profession and has served as an inspiration to fulfill tasks that are challenging.

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Section 1: Nature of the Project

Nursing turnover is a human resource problem with negative consequences (Dewanto & Wardhani, 2018), especially when it occurs at high rates, which results in decreased continuity of care, productivity, retention of nurses, patient satisfaction, and increased risk for patient's safety (Dewanto & Wardhani, 2018). Contributing factors to the high nursing turnover rates include understaffing, low pay, rigidly set work schedules, lack of orientation protocol, new technology, lack of workplace engagement, a tight labor market, and aging (Health Care Retention & Registered Nurse [RN] Staffing Report, 2019). Additionally, work-related stress, staff burnout as well as poor leadership communication are the major leading causes of nursing turnover (Gnerre et al., 2017).

At the project site, an outpatient facility in the northeast United States, the administrator stated that there is a high nurse turnover rate. But the facility has no formalized evidence-based orientation guidelines for newly hired nurses. One of the most important reasons for the development of a nursing orientation guideline is to ensure that newly hired nurses understand the policies and procedures of the organization to support an easy transition to their new roles (Tang & Hudson, 2019). Thus, there is a current gap in practice. A clinical practice guideline (CPG) for orienting newly hired nursing staff can fill this gap (Gnerre et al., 2017). This study has the potential for positive social change by decreasing nursing turnover and increasing productivity.

Problem Statement

Retaining nursing staff is a global concern in health care; the nursing turnover rate ranges from 15 to 44% (Dewanto & Wardhani, 2018). In the United States, the average

RN turnover rate was estimated to be approximately 17.2% in 2018 with a 0.4% increase from 2017, and in 2019 it was 19.1% alone in the northeast United States (Health Care Retention & RN Staffing Report, 2019). Further, the number of nurses experiencing burnout has risen over the last 10 to 15 years (University of New Mexico, 2016). Nursing turnover affects patients' care and safety in addition to productivity and retention of nurses (Dewanto & Wardhani, 2018). Contributing factors to turnover include understaffing, low pay rates, rigid work schedules, and lack of workplace engagement (Health Care Retention & RN Staffing Report, 2019).

Strategies to restore job sustainability among nurses should include schedule flexibility concerning family dynamics and increased pay rates (Tang & Hudson, 2019). Orientation program for newly hired nursing staff is also one of the strategies used by hospitals to facilitate nursing retention (Health Care Retention & RN Staffing Report, 2019), which can increase the confidence levels and retention of newly hired nurses (Porter et al., 2016) as well as their critical thinking skills, interpersonal relationships, and technical skills (Tang & Hudson, 2019). In addition, nursing orientation facilitates communication, helps the new employee adapt faster to the job, and contributes to a more effective, productive workforce (Kothari, 2018). Nursing orientation should provide the new employee with concise and accurate information to bring more comfort in the new role. It should include direct feedback and ongoing support to improve health care services (Gellerstedt et al., 2019). It also has a significant impact on an organization as it relates to cost-effectiveness and patient satisfaction (Gellerstedt et al., 2019).

Based on the report from the administrator at a small clinic in the northeast United States, the turnover rate was approximately two nurses per month for the last 6 months of 2019. The gap in clinical practice at the outpatient facility includes the lack of a structured nursing orientation program. This lack of structured orientation guidelines can derail the retention of nursing staff, increase the organization's financial cost, nurse turnover, and risk patients' safety (Prada-Ospina, 2019). Another factor that may impact the retention rate at the facility is the introduction of new technology, which may lead to nursing burnout. The new electronic medical system is complex, and there is no set time or instructor to educate newly hired nurses. The need to educate nursing staff by following the developed evidence-based orientation guideline before assuming the new role has the potential to promote their comfort and competence levels in the clinical practice.

Purpose Statement

Nursing turnover results in decreased continuity of patient care, patient satisfaction, and increased risk to patient safety, and financial cost to the organization (Prada-Ospina, 2019). Throughout my clinical experience at this outpatient clinic, there has been no formalized orientation for newly hired nurses. This gap in practice can be addressed with an evidence-based clinical practice orientation guideline. The purpose of this project was to develop an evidence-based CPG to orient newly hired nursing staff in a small outpatient clinic, which may help the administration prepare new nurses to transition effectively to their role in the new environment. The practice-focused question for this Doctor of Nursing (DNP) project is "Can an evidence-based clinical practice

nursing orientation guideline serves as a resource for orienting new nurses at a small outpatient clinic in the northeast United States?” The evidence-based CPG for orienting new nurses can help new employees adapt faster to the job and improve employee retention (Kothari, 2018), which can be cost-effective for the organization and increase patients’ satisfaction (Gellerstedt et al., 2019). Thus, this DNP project addresses the lack of formalized orientation guidelines for newly hired nurses by developing a structured evidence-based CPG that can be used as a guide by the administration to orient new nurses about policies and procedures and potentially ensure a faster adaptation to the work environment and increase retention at the facility.

Nature of the Doctoral Project

Data were collected from the administrator about the turnover rate of the facility, who identified that the high turnover rate in the facility was due to the lack of a structured nursing orientation program in the facility. In addition, informal communication with staff nurses revealed that they did not believe that they received adequate orientation to the policies and procedures of the clinic. Data were also collected from Walden’s CINAHL, EBSCOhost, Medline, PROQUEST, and Cochrane Databases. Articles were obtained from peer-review and scholarly journals such as the *Journal of Nursing Administration*, *Journal of Innovation & Knowledge*, *Nurse Leader*, *Journal for Nurses in Professional Development*, *National Healthcare Retention & RN Staffing*, *BMC Nursing*, *Nursing Education Today*, *The Academic Forum*, and *Journal of Clinical Nursing*. Search terms included *nurse leader*, *nursing administration*, *innovation*, *knowledge*, *professional*, *development*, *healthcare*, *retention*, *turnover*, and *burnout*.

I used the Clinical Practice Guideline Manual to guide the development of the evidenced-based clinical orientation guideline for newly hired nursing staff. A panel of experts validated the content using the AGREE II instrument. The guidelines were revised based on the experts' recommendations. Stakeholders and end-users then validated the content and ensured the usability of the guideline. The guideline was finalized based on recommendations from the expert panels and stakeholders.

Significance

The high rate of nursing turnover is detrimental not only to nurses and health care economies but also to the safety and well-being of the patient population (Dewanto & Wardhani, 2018). Nurse turnover and replacement costs continue to present a significant challenge for health care organizations; it has negative implications on patient safety, patient satisfaction, risk exposure, and possible medication errors (Escarze et al., 2015). Thus, nursing orientation has become an important component of the retention and sustainability process (Kurnat-Thoma et al., 2017). But it is the responsibility of the organization to utilize evidence-based guidelines such as an orientation guideline for new staff that will close the gap on nursing turnover (Gnerre et al., 2017).

The results of this project have the potential for positive social change that will benefit stakeholders, nurses, patients, and the organization. Implementing evidence-based nursing orientation may increase newly hired nursing staff retention and decrease replacement costs to the facility. It also has the potential to increase the comfort level and decrease the job-related stress on newly hired nursing staff (Prada-Ospina, 2019). Implementing a nursing orientation guideline can also promote the nursing practice and

social change by adding to novice nurses' ability to perform assigned duties, increase confidence, competence, job satisfaction, reduce turnover costs, and decrease the turnover rates (Lindfors & Junttila, 2014). A consistent nurse workforce has the potential to ensure the quality of patient care and improve patients' safety (Kieft et al., 2014). The guideline serves as a framework to develop a structured orientation program that will meet the transitional needs of newly hired nurses with an opportunity to transfer the knowledge to other small outpatient clinics with similar issues.

Summary

This section discussed the importance of developing the evidence-based orientation guideline to benefit newly hired nurses thus patients and employers. A nursing turnover rate of two nurses per month, as reported in an outpatient facility in the northeast United States, is detrimental to the well-being of patients (Dewanto & Wardhani, 2018). This DNP project's focus was on the development of an evidence-based CPG that can be used by the administration to orient newly hired nurses. The result of implementing a CPG or orienting newly hired nurses promotes social change by adding to novice nurses' ability to perform duties, increase confidence, competence, job satisfaction, reduce turnover costs, and decrease the turnover rates (Lindfors & Junttila, 2014). This project was focused on a thorough review of relevant literature including previous nursing orientation guidelines. In Section 2, I address the theory, relevance to nursing practice, local background, context, and the role of the DNP student.

Section 2: Background and Context

Nursing turnover has negative repercussions on patient care (Dewanto & Wardhani, 2018). Nursing turnover may occur due to understaffing, low pay, work schedule, lack of structural orientation program, new technology, lack of workplace engagement, burnout, and poor leadership communication (Gnerre et al., 2017; Health Care Retention & RN Staffing Report, 2019). The purpose of this project was to develop an evidence-based CPG for orienting newly hired nursing staff in a small outpatient clinic. The guiding practice-focused question was “Can an evidence-based clinical practice nursing orientation guideline serve as a guide for orienting new nurses at a small clinic in the northeast United States?” The CPG can help new nurses transition effectively to their new environment, which may prevent or decrease nursing turnover (Escarze et al., 2015). In this section, I address the theory, relevance to nursing practice, local background, context, and the role of the DNP student.

Concepts, Models, and Theories

The models and theories that were used to guide this project are Kurt Lewin’s theory of organizational change and the Johns Hopkins nursing evidence-based practice evidence level and quality guide to appraise and grade the relevant literature selected to support the guideline topic. The models are further described in the following sections for alignment and clarity to support the guideline development.

Kurt Lewin’s Theory of Organizational Change

Kurt Lewin developed a theory of change model that evolves through three steps in accomplishing a positive change: unfreezing, changing, and refreezing (White &

Dudley-Brown,2016). The unfreezing step involved people having the natural ability to resist change. People are accustomed to their old behaviors, ways of thinking, and processes. This applied to communicating the need for using the developed orientation guideline for newly hired nurses. Communication during the unfreezing step can inform employees and employers about the proposed change, the reasoning behind the change, and how it will improve job satisfaction, patients' outcomes, and financial cost to the employer (White &Dudley-Brown, 2016). Communicating the benefits of this proposed orientation guideline can increase the chances that the nurses and the administration can become motivated to use the guideline (Raza, 2019). Change is the second step recognized in the process through which the organization must transition into the implementation of the evidence-based orientation guideline. Though this step involves uncertainty and fear that can make success challenging (White & Dudley-Brown, 2016), changing the mindset of stakeholders can start to unfold with clear communication and education (Norris et al., 2017). Refreezing is the final step in Lewin's theory of organizational change, which includes reinforcing, solidifying, and stabilizing the new change. The goal in the refreezing stage is to make sure stakeholders do not regress to their old ways of doing things before the implementation of the change (Raza, 2019).

The use of Lewin's theoretical framework was applied to the development of this nursing orientation guideline, which required changing or unfreezing the culture and behavior of the organization (White & Dudley-Brown,2016). To successfully change the culture and behavior of the organization, the benefits of the orientation guideline need to be clearly articulated to the organization and stakeholders. The benefits of implementing

this guideline have the potential to increase nurses' retention, improve patients' outcomes and decrease the financial cost to the organization.

Johns Hopkins Model of Evidence

I used the Johns Hopkins nursing evidence-based practice evidence level and quality guide to appraise and grade the relevant literature selected to also support the guideline (White & Dudley-Brown, 2016). The levels of evidence are Level 1 (experimental study, randomized controlled trial, systematic review of RCTs meta-analysis), Level 2 (systematic review of a combination of RCTs and quasi-experimental), Level 3 (quasi-experimental and non-experimental studies), Level 4 (opinion of respected authorities and/or nationally recognized expert committees, and Level 5 (experiential and non-research evidence). Every piece of literature was appraised based on quality and graded as A (high quality), B (good quality), or C (low quality of major flaws).

AGREE II Framework

The AGREE II framework was used to evaluate the CPG. The AGREE II tool is a tool that consists of six domains with 23 items to evaluate the feasibility of the CPG for practice (Ciapponi et al., 2020). As an evaluator, using the AGREE II instrument addresses potential biases of guideline development and validates the feasibility for practice (AGREE Next Steps Consortium, 2017). The assessment process that is incorporated into the AGREE II instrument includes judgments about the methods used for developing the guidelines, the components of the final recommendations, and the factors linked to their uptake (AGREE Next Steps Consortium, 2017).

Relevance to Nursing Practice

The nursing profession relies on evidence-based practice principles to respond to the social, economic, and political demands of society. This evidence-based project can be used to guide the effective transition of newly hired nurses into practice and decrease job-related stress (Prada-Ospina, 2019), which may increase nurses' confidence in skills performance, competence, job satisfaction, and decrease the turnover rates, thereby reducing the turnover costs for the organization (Gellerstedt et al., 2019; Lindfors & Junttila, 2014). Nursing orientation guidelines for new nursing staff have decreased the nursing turnover rate by almost 47% (Boyer, 2017). In addition, this orientation guideline is relevant to nursing practice as it encourages health care businesses to meet the health care needs of the patient population. As health care businesses recruit and retain qualified nursing staff, it boosts business growth, earns the trust of the employees, and improves patients' outcomes (Kothari, 2018). Nursing orientation guidelines should highlight strategies such as practice models, teamwork, leadership in an organization which can be implemented to increase nursing retention (Gellerstedt et al., 2019). The guideline serves as a framework to develop a structured orientation program that will meet the transitional needs of newly hired nurses with an opportunity to transfer the knowledge to other small out-patient clinics with similar issues.

Local Background and Context

Nursing turnover is a contributing factor to negative cost-effectiveness and patient satisfaction (Gellerstedt et al., 2019). According to Health Care Retention & RN Staffing Report (2020), over a quarter (27.6%) of all newly hired nurses left the job within a year,

accounting for a third (32.1%) of all hospital nursing turnover in the United States.

Nursing turnover is not only a national issue but also a concern at a small out-patient clinic in the Northeast of United States. This site was selected due to its feasibility in that nurses and administrators agreed that there was a need for an evidence-based clinical orientation guideline for the facility. The report from the administrator at the clinical site indicated that the turnover rate in the clinic was two nurses per month for the past 6 months. She reported that this out-patient clinic provides care for 25 to 30 patients daily with the total nurses on staff amounting to four, full-time nurses and two medical doctors. Nurse turnover in this small out-patient clinic with a high patient load leads to decrease continuity of care, patient satisfaction, patient safety, and retention of nurses.

The Health Care Retention & RN Staffing Report (2020) suggested that other strategic considerations in fostering nursing retention should include the development of programs that will encourage newly hired nurses to remain on the job. This orientation guideline benefits nursing staff by providing an opportunity for staff to transition to their new role, which decreases work-related stress (Prada-Ospina, 2019). The development of this orientation guideline for newly hired nurses will also promote business sustainability and quality healthcare (Boyer, 2018). The engagement of stakeholders occurred through communication, which can promote the successful implementation of the orientation guideline. Communicating with stakeholders provides an opportunity to voice their concerns and contribute to the development of the DNP project (Norris et al., 2017)

Definition of Terms

The terms in this section are integral to the developed orientation project for newly hired nurses. The orientation project provides new nurses with the information they need for job satisfaction and job retention. This orientation project empowers newly hired nurses by enhancing self-confidence as they assume their new roles (Lindfors & Junttila, 2014).

Nurse retention: Keeping nurses on the job and decreasing the nursing turnover rate (Boyer, 2017).

Orientation guidelines: The developed orientation guideline provides newly hired nurses with concise and accurate information to bring more comfort in the new role, encourage employee confidence, improves communication, help new employees adapt faster to the job, contribute to a more effective, productive workforce which improve employee retention (Kothari, 2018).

Outpatient clinic: Healthcare facility that provides care to patients who do not require overnight monitoring or hospitalization (St George's University, 2019). There are different types of outpatient clinics. The most common types are primary care clinics, community health clinics, urgent care centers, specialized outpatient clinics, and emergency departments. Community health clinics provide care to patients who require primary care services but have limited access to healthcare, for example, migrant workers. Urgent care centers provide care to patients who are ill or have injuries and do not want to wait one or two days to get an appointment to see their primary care physician. Usually, their illness is not life-threatening to requires a visit to the emergency

department. Outpatient clinics provide care to patients who require specialized services, such as pain management or wound care. Eds technically qualify as an outpatient area; however, they are usually within a hospital and provide care to patients who require treatments from acute traumatic injuries or illnesses. Primary care clinics provide care to patients by a primary care physician. The primary care physician coordinates the care of the patient and serves as a gatekeeper to refer patients for additional care only when needed. The local facility where this project is located will be presented with a copy of the developed CPG.

Role of the DNP Student

I am a master's prepared nurse with a family nurse practitioner post master's certification. I have worked in various roles in the nursing profession for 30 years. In 2013, I began my journey towards a DNP degree in nursing practice. My roles as a DNP student in developing this orientation project include being an educator, researcher, and leader.

Educator

The nurse educator's role encompasses professional activities that can promote advanced teaching, evidence-based research, and nursing practice through rigorous inquiry. The inquiry must be creative, documented, replicated, peer-reviewed, and significant to the nursing profession (American Association of Colleges of Nursing, 2006). The core principles of nursing education are to increase knowledge and skills in healthcare practices that will result in the growth of healthcare. Through my coursework during the terms of the doctoral degree program, I was motivated to contribute to nursing

education by teaching nursing staff the importance of utilizing formalized orientation guidelines. My education as a DNP-prepared practitioner empowered me with advanced nursing knowledge to develop this evidence-based orientation guideline for newly hired nurses. It is possible that as an educator, I have my own opinion about the information that should be included in an orientation program. However, I bracketed my opinion and relied on the evidence obtained in the most recent literature relating to orienting new nurses. Nursing staff across all spectrums of the profession can utilize this unique guideline to benefit newly hired nurses, patients, and the organization.

Researcher

As a researcher, I reviewed the literature to identify evidence-based articles, books, and journals that support nursing orientation for newly hired nurses. The need to close the healthcare gaps created by the high nurse turnover rate motivated me to develop this orientation guideline.

Leader

By fully participating in the health policy-making process, I am a powerful advocate for patients, and O'Rourke et al. (2017), argued that changing policy requires the change agent to participate in the policy-making process. I had the opportunity to coordinate and collaborate with stakeholders and experts to guide me in the process of developing an orientation guideline for the newly hired nurse. The implementation of this orientation guideline has the potential to decrease nurse turnover and replacement costs and promote patient satisfaction (Escarze, Knight, Rose & Underdahl, 2015).

Summary

Nursing turnover is a problem related to human resource issues with negative consequences (Dewanto & Wardhani, 2018). Additional factors leading to the turnover include work-related stress, staff burnout, and communication problems with leadership (Gnerre et al., 2017). A major contributing factor to nurse turnover is the lack of a structural orientation program for the newly hired nurse (Health Care Retention & RN Staffing Report, 2019). The development of the orientation guideline will provide newly hired nurses with accurate information about the organization that will promote comfort and competence in their new role (Eckerson, 2018). In the next section, I addressed the practice-focused question, sources of evidence, evidence generated for the doctoral project, analysis, and synthesis of the practice problem.

Section 3: Collection and Analysis of Evidence

An effort to retain nurses has been a major challenge globally (Dewanto & Wardhani, 2018) and in the United States (Health Care Retention & RN Staffing Report, 2019). Locally, nursing turnover is viewed as a major issue in the small outpatient clinic in the northeast United States. The report from the administrator at the clinical site indicated that the turnover rate was two nurses per month for the past 6 months. However, this facility does not have a formalized orientation guideline to promote confidence and comfort level that will motivate employees. The purpose of this project was to develop a CPG for orienting newly hired nursing staff in a small outpatient clinic that can serve as a guide to help new nurses transition effectively to their new environment. In this section, I discuss the practice-focused question, sources of evidence, evidence generated for the doctoral project, and analysis and synthesis of the collected evidence.

Practice-Focused Question

The small outpatient clinic in the northeast United States has nursing turnover due to inadequate orientation into a new role for a professional nurse, which can be stressful, especially for a newly hired nurse (G. Smith, personal communication, March 3, 2020). Therefore, the facility needs to have a formalized orientation guideline to retain and motivate employees and reduce job-related stress for new employees (Kothari, 2018). The practice-focused question for this DNP project was “Can an evidence-based clinical practice nursing orientation guideline serve as a guide for orienting new nurses at a small clinic in the northeast United States?” The purpose of this project was to develop a

CPG for orienting newly hired nursing staff in a small outpatient clinic that can serve as a guide to help new nurses transition effectively to their new environment.

Sources of Evidence

I obtained information to develop the CPG from two sources: a review of current literature and informal conversations with the organization's staff. To undertake this project, I started with identifying the practice problem by interacting with facility staff and reviewing the literature. I became aware that the lack of a nursing orientation guideline in this outpatient facility remains an ongoing concern that has contributed to the nursing turnover at the rate of two nurses per month (G. Smith, personal communication, March 3, 2020). The administrator of the small outpatient facility was able to discuss the need for the facility to hire and retain newly hired nursing staff and the ongoing challenge that exists.

The literature review occurred by gathering information from the various databases in Walden Library such as Cochrane, CINAHL, MEDLINE, Cochrane Database of Systematic Reviews, American Nurses Association, ANCC, and ProQuest databases. I searched for evidence-based studies from 2016 to 2020. I used words for my search terms such as *retention*, *nursing shortage*, *nurse retention*, *nursing turnover*, *retention strategies*, *orientation*, *orientation guidelines*, *job satisfaction*, *registered nurse*, and *nursing orientation*. In addition, the various scholarly data on economic, social, and health promotion that supports the significant need to develop an orientation guideline were included in the search. The search produced 200 articles, which were narrowed to 53 that support the benefits of orientation guidelines to newly hired, patients and the

organization. The evidence-based CPG will serve as a resource to guide the orientation of newly hired nurses; it provides information that will facilitate the transition of the new nurse into practice and decrease the stress associated with the workplace and increase retention. This CPG will reintroduce clinical skills, promote continued education, and enforce nursing competence for newly hired nurses.

Evidence Generated for the Doctoral Project

In the following section, I address the procedure used to develop and evaluate the evidence-based practice guideline. I identified three individuals to serve as expert reviewers to provide a formative evaluation of the guideline. The experts included two master's prepared nurse educators and one nurse manager with a Bachelor of Science in Nursing, all of whom are responsible for orienting new nurses and supervising the nurses after orientation. In addition, the administrator at the facility identified three stakeholders who have validated the contents and ensure usability. After IRB approval, I critically appraised the literature, synthesized the evidence, developed the recommendations and guidelines, identified a group of stakeholders, presented the guidelines using the AGREE II instrument, validated the content and usability, developed a final report, and disseminated the final report to stakeholders.

Protections

The project involved synthesizing literature and did not include the direct participation of human subjects, an examination of patient records, or conducting clinical interventions. Therefore, consent was not required. Information provided by the expert panel did not include their names. Written reports of this project did not include the name

of the facility; the facility was identified by its location in the region of the United States. Despite how data were obtained, permission from the Walden University Institutional Review Board (IRB) was obtained before moving forward (approval no. 02-16-21-0190918). All instructions from the IRB were honored and maintained.

Analysis and Synthesis

I used the Johns Hopkins nursing evidence-based practice evidence level and quality guide to appraise and grade the relevant literature selected to support the guideline (White & Dudley-Brown, 2016). The AGREE II instrument was also used as an assessment tool, which has 23 items that constitute six quality domains to evaluate the practice guideline. The AGREE II framework guided the developed orientation guideline for clinical practice and have assessed its quality (Ciapponi et al., 2020). The feedback was used to revise the orientation guideline for newly hired nurses. The revised guideline was emailed to the expert panelists and stakeholders and further revisions were done based on their feedback.

Summary

This section outlined the development of a clinical orientation guideline and recommendations to evaluate its quality and usability in a small outpatient clinic in the northeast United States. The shortage of nurses is related to nursing turnover that has negative effects on continuity of care, retention of nurses, productivity, and patient satisfaction (Dewanto & Wardhani, 2018). The evidence-based orientation guideline can benefit nursing staff, patients, and the healthcare organization. In Section 4, I address the

recommendations made by the expert panel and stakeholders on the development of the practice guideline as well as the strengths and limitations of the project.

Section 4: Findings and Recommendations

In this section, I report the findings that resulted from the analysis and synthesis based on the recommendations received from the experts who reviewed the clinical orientation guideline. In a small outpatient clinic in the northeast United States, nursing turnover was identified as an issue of concern, which the lack of a nursing orientation guideline may have contributed to. To address this practice gap, I developed the practice-focused question for this DNP project: “Can an evidence-based clinical practice nursing orientation guideline serve as a guide for orienting new nurses at a small clinic in the northeast United States? The purpose of this project was to develop a CPG for newly hired nursing staff in a small outpatient clinic to guide newly employed nurses and ultimately reduce the nursing turnover rate at the clinic.

I utilized evidence from various scholarly data on economic, social, and health promotion articles supporting the significant need to develop an orientation guideline. I obtained relevant articles and literature by searching Cochrane, MEDLINE, American Nurses Association, ANCC CINAHL, and ProQuest databases. The development of this evidence-based clinical guideline for newly hired nurses can promote positive social change by decreasing nursing turnover thereby increasing satisfaction for patients, nurses, and the organization by rates. The CPG will serve as a resource to guide the orientation of newly hired nurses that will facilitate the transition of nurses into practice and decrease the stress associated with the workplace, thereby increasing retention.

The Johns Hopkins nursing evidence-based practice evidence level and quality guide were used to appraise, evaluate, and grade evidence-based literature relevant to

clinical orientation for newly hired nurses. Relevant articles and literature were categorized in levels of evidence such as Level 1 (experimental study, randomized controlled trial), Level 2 (systematic review of RCTs and quasi-experimental), Level 3 (non-experimental studies), Level 4 (opinion of respected authorities and nationally recognized expert, and Level 5 (experiential and non-research evidence). All literature and articles were appraised based on quality and graded as A (high), B (good), or C (low).

The stakeholders were given copies of the project disclosure, the guideline, and the anonymous questionnaires to complete the guideline evaluation. The two anonymous questionnaires (AGREE II tool and Stakeholder Survey) were returned in 5 days with an overall score of *strongly agreed* to the contents of the developed guideline for the orientation for newly hired nurses. The stakeholder's questionnaires ranged from 1, *strongly disagreed* to 5, *strongly agree* (see Table 1). The formula used was as follows:
$$\text{Formula} = \frac{\text{Obtained Score} - \text{Minimum possible score}}{\text{Maximum Possible Score} - \text{Minimum possible score}}$$
 This explains that the difference of the minimum possible score and the obtained score was divided by the difference of the maximum possible score and minimum possible score and multiple by the total percentage to achieve agreement on the survey questionnaires. Table 1 indicates the results of the stakeholder survey.

Table 1*Stakeholder Survey Results*

	Question	Question	Question	Question	Total
Appraiser 1	5	5	5	5	20
Appraiser 2	5	5	5	5	20
Appraiser 3	5	5	5	5	20
Total	15	15	15	15	60

Note. $(60-20) / (60-20) \times 100 = 100\%$

The expert panelists used the AGREE II instruments to appraise and validate the contents of the CPG. Tables 2 to 9 indicate the AGREE II results from the panelists. The three identified expert panelists included two nurse educators and one nurse manager whose responsibilities included orienting and supervising newly hired nurses after orientation. All panelists were provided with copies of my DNP project, the AGREE II instrument, and an anonymous questionnaires disclosure from the Walden University DNP clinical practice manual. The panelists returned the AGREE II evaluation tool in 5 days. The AGREE II instrument has 23 key items consisting of six domains designed to focus on the quality of the practice guidelines for newly hired nursing staff (Ciapponi et al., 2020). Each item on the domain is graded on a 7-point scale, with 7 being *strongly agreed* and 1 *strongly disagreeing* (see Tables 2–9). The items were scored by summing the individual items based on the total percentages of the maximum possible score:

Formula $(\text{Obtained score} - \text{Minimum possible score}) / (\text{Maximum possible score} - \text{Minimum possible score})$.

Table 2*Domain 1*

	Item #	Item #	Item #	Total
Appraiser 1	7	7	7	21
Appraiser 2	7	7	7	21
Appraiser 3	7	7	7	21
Total	21	21	21	63

Note. $(63 - 21) / (63 - 21) \times 100 = 100\%$

Table 3*Domain 2*

	Item #	Item #	Item #	Total
Appraiser 1	7	7	7	21
Appraiser 2	7	7	7	21
Appraiser 3	6	6	7	19
Total	20	20	21	61

Note. $(61 - 21) / (63 - 21) \times 100 = 95.2\%$

Table 4*Domain 3*

	Item 7	Item 8	Item 9	Total
Appraiser 1	7	7	7	21
Appraiser 2	7	7	7	21
Appraiser 3	7	6	7	20
Total	21	20	21	62

Note. $(62 - 21) / (63 - 21) \times 100 = 97.6\%$

Table 5*Domain 4*

	Item 10	Item 11	Item 12	Total
Appraiser 1	7	7	7	21
Appraiser 2	7	7	7	21
Appraiser 3	6	7	7	20
Total	20	21	21	62

Note. $(62 - 21) / (63 - 21) \times 100 = 97.6\%$

Table 6*Domain 5*

	Item 13	Item 14	Item 15	Total
Appraiser 1	7	7	7	21
Appraiser 2	7	7	7	21
Appraiser 3	7	7	7	21
Total	21	21	21	63

Note. $(63 - 21) / (63 - 21) \times 100 = 100\%$

Table 7*Domain 6*

	Item 16	Item 17	Item 18	Total
Appraiser 1	7	7	7	21
Appraiser 2	7	7	7	21
Appraiser 3	5	5	7	17
Total	19	19	21	59

Note. $(59 - 21) / (63 - 21) \times 100 = 90.4\%$

Table 8*Overall Guideline Assessment*

	Overall Quality of Guideline
Appraiser 1	7
Appraiser 2	7
Appraiser 3	6
Total	20

Note. $(20 - 7) / (21 - 7) \times 100 = 92.8\%$

Table 9*Recommend Guideline for Use*

	Yes	Yes with modification
Appraiser 1	x	
Appraiser 2	x	
Appraiser 3		x

Note. Yes = $2/3 \times 100 = 66.6\%$; Yes and 1/3 $\times 100 = 33.3\%$ with modification.

The modification in the comments section highlights the inclusion of larger out-patient clinics that have a larger population of nursing staff. Also, the panelist commented that the CPG for newly hired nurses should include other nursing staff such as Nurse Practitioners, Nursing Assistants, and Medical Assistants.

Implications

The AGREE II evaluation tool was sent to the expert panelists. All items were answered and returned on the first attempt. The summaries of the results are indicated in the following sections.

Domain 1

The expert panelists evaluated the scope and purpose statement of the developed CPG with a score of 100%. This score indicates that the expert panelists agreed to the overall developed objectives and the details were aligned specifically to the clinical problem. It indicates that the guideline is ideal and well written to potentially impact the target population.

Domain 2

The expert panelists gave a score of 95.2% on stakeholders' involvement in the development of the DNP project. The panelist strongly agreed that the target users of the guideline were clearly defined. However, some panelists were concerned with the lack of stakeholder compliance due to work schedules or workload. The panelist strongly agreed that the guideline development included individuals from relevant professional groups and that the views and preferences of the target population had been sought.

Domain 3

This domain was given a score of 97.6%, which was based on the rigor of the development of the CPG. The panelists strongly agreed that systematic methods were used to search for evidence in developing the guideline. The procedures for updating the guideline have been externally reviewed by experts. The panelist strongly agreed that the strengths and limitations of the evidence were clearly described.

Domain 4

This domain received a 97.6% overall score based on the clarity of the presentation. Three expert panelists strongly agreed that the presented guideline was clear

for readers to understand. In addition, the panelists agreed that the key recommendations were easily identified, specific, unambiguous, and geared towards improving quality of life.

Domain 5

The applicability domain was scored as 100% by the expert panelists based on the guideline description of facilitators and barriers to its application. The experts strongly agreed that the guideline describes facilitators and barriers to its application adequately. The guideline described facilitators and barriers in a clear and concise form. The developed orientation guideline provides information on how the recommendations can be put into practice.

Domain 6

The editorial independence domain received an overall score of 90.4%. Some of the expert panelists had concerns with the organization's non-compliance with funding to compensate editors based on financial constraints. The funding for the editor was a concern but it did not influence the content of the guideline.

The revised CPG was received from the stakeholder and expert panelists through e-mail communication. This developed clinical practice orientation guideline has several implications for positive social change. The guideline can assist newly employed nurses to transition effectively into their new roles. This developed guideline can also improve economic growth for the organization, improve patient safety and decrease the workplace stress that can be associated with poor nursing retention. The orientation guideline addresses the lack of formalized orientation guidelines for newly hired nurses; it serves as

the structured framework for transitioning newly hired nurses to their new roles. Given that this gap in clinical practice is partially responsible for the local practice problem, this guideline may serve to increase newly hired nurses' confidence in performing their clinical skills and competence, increase job satisfaction, and decrease turnover rates, and turnover costs for the organization (Lindfors & Junttila, 2014). Additionally, this developed evidence-based orientation guideline can promote positive social change by encouraging healthcare organizations to use an orientation practice guideline to assist in retaining qualified nurses and to meet the healthcare needs of the patient population. The orientation guideline has the potential to provide an opportunity for nurses to be better prepared to face professional challenges in practice and patient care.

Recommendations for Practice Guideline

The data collected from the literature review and expert panelists provided valuable information about developing an effective CPG for newly hired nurses. According to Graham, et al.(2011), a CPG contains statements that include recommendations intended to optimize health care by a systematic review of the evidence, assessment of the benefits and harms to practice with the potential to reduce inappropriate practice variation. CPGs enhance translation of research into practice, improve healthcare quality and patient safety (Graham, Mancher, Miller, et al.,2011). The CPG aims to increase the comfort level of newly hired nurses to promote nursing retention, business growth for the organization, and patients' safety (see CPG in Appendix F). Therefore, I propose nine recommendations be included in orienting new nurses:

Recommended Guideline 1: Initial Competency Assessment

The initial competency assessment should be done to eliminate candidates who do not have the necessary education, training, or experience to avoid wasting time and money interviewing unqualified candidates (Joint Commission, 2017). The newly hired staff orientation process highlights a competency assessment to identify, verify, and validate the skills and abilities of the newly hired to ensure they meet the standards of the organization and increase their comfort level (Joint Commission, 2017).

Recommended Guideline 2: Preparation

A successful nursing orientation should require curriculum development that promotes training and preparation of preceptors. There should be a preceptor workshop that includes modules on adult learning and feedback to help prepare preceptors in the orientation of newly hired nurses. The purpose of selecting preceptors as a part of the preparation is to assure their clinical expertise, their ability to teach and evaluate new staff aligns with the learning needs of the newly hired. (Cline, 2013).

Recommended Guideline 3: Incorporation

The newly hired staff members should be welcomed and incorporated into the activities of the team as early as possible by:

- Introducing new staff members in morning huddles, staff meetings, and by email communication.
- Newly hired nurses should be provided a thorough tour of the environment, introducing team members by name and role.

This recommendation will provide the opportunity for newly hired nurses to participate in unit projects that will decrease frustration, alienation, and barrier to learning new clinical skills (Cline, 2013).

Recommended Guideline 4: Goal-Directed Precepting

The nurse managers should be responsible to establish weekly benchmarks to guide precepting activities. The purpose of goal-directed precepting is to share the new staff member's learning goals and objectives so that patient care skills and procedural opportunities are identified (Cline, 2013).

Recommended Guideline 5: Direct and Timely Two-Way Feedback

The administration should meet with new staff nurses and their preceptors weekly or bi-weekly to provide progress feedback.

- Ask newly hired nurses to be open and honest about their confidence and comfort level.
- The orientation process should incorporate the guideline that follows the initial onboarding, precepting, and evaluation for the newly hired nurses.
- The purpose of the timely feedback in a structured fashion is to enhance the learning experience and increase the new nurse's comfort in the new role (Cline, 2013).

Recommended Guideline 6: Environmental Health & Occupational Safety

The orientation process should include occupational and environmental health and safety education on:

- Fire Safety

- Evacuation
- Hazardous chemicals
- Emergency preparedness

The newly hired nurses will be able to investigate, mitigate, prevent environmentally and/or occupationally produced illnesses, injury, and disability; and to study and implement best clinical practices (Joint Commission, 2017).

Recommended Guideline 7: Health Information Protection Acts

Newly hired nurses' orientation should highlight individual's protected health information which includes:

- The individual's past, present or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual

The individual's name, address, birth date, and social security number should be protected. The goal is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high-quality healthcare (Health and Human Services, 2020).

Recommended Guideline 8: Competency Validation

At the end of the orientation, the supervisor should prepare a shortlist chosen from the analysis of performance data to identify areas of improvement, such as:

- Infection-control reviews
- Risk-management reviews

- Medication administration education

This will ensure that newly hired nurses understand medication administration, risk management, and infection control for competency validation performance.

Recommended Guideline 9: Ongoing Support

After the nursing orientation period, the administration should make plans to support the newly hired nurses:

- Mentor or buddy assignment- The purpose of mentor or buddy assignment is to provide resources for clinical questions and debriefing on unit activities and continuous learning as key to engagement and prevention of burnout (Cline, 2013).
- Routine documentation-All routine documentation should be explained throughout orientation with clear understanding and expectations.

Strengths and Limitations

One strength of the developed CPG is demonstrated by the utilization of extensive evidential data from a review of relevant literature on orientation for newly hired nurses. Another strength is the participation of the expert panelists who are nurse educators, nurses, and managers with the knowledge and experience in evaluating CPGs. In addition, the strength of the project includes incorporating Kurt Lewin's theory of organizational change as a guiding framework. The use of theory to provide a framework and foundation to guide and understand the clinical practice problem serves as a strength in the development of this project (White, Dudley-Brown & Terhaar, 2016). The idea of developing a CPG to promote social change by significantly impacting organization

growth, cost-effectiveness, and patient satisfaction is also a strength of this project. Another significant strength of this nursing practice guideline is that it can serve to improve employee job retention, increase productivity, improve staff morale, facilitate learning, and reduce job-related stress for new employees (Kothari, 2018).

Limitations

The fact that this CPG sought to address a gap in practice faced by RNs and licensed practical nurses without the inclusion of other nursing staff, like nursing assistants is a limitation of this project. Another limitation is the use of one small outpatient clinic with a small target population. The result from a small sample size limits the generalization of the gap in large outpatient settings. Therefore, further information is needed about the orientation process and needs of larger out-patient clinics that have a larger population of nursing staff.

Section 5: Dissemination Plan

Dissemination of evidence-based guideline results contributes to clinical practice, which can ensure competent practice, increase patient safety, and decrease the financial organizational costs (Kothari, 2018). The plan to disseminate my DNP project includes PowerPoint presentations and publications in peer-reviewed and scholarly nursing journals. Oral presentation through PowerPoint is an important medium for the dissemination of guidelines, which can be done in conferences, seminars, and workshops, engaging multiple learning styles, increasing visual impact, and improving learners' focus (Oermann & Hays, 2019). Dissemination through peer-reviewed journals can provide credible evidence-based information. Dissemination of guidelines through publication in a scholarly nursing journal provides a way of sharing ideas with a wide range of other practitioners (Oermann & Hays, 2019). In addition, dissemination through publications can unfold opportunities for practitioners to incorporate best practices in patient care by keeping practitioners abreast of new developments in practice (Oermann & Hays, 2019).

Analysis of Self

As a DNP student, I have had the opportunity to professionally undertake this DNP project. Analyzing myself, I have gradually immersed as a project developer, scholar, practitioner, and evaluator.

Project Developer

The development of this evidence-based orientation guideline was done with challenges, yet it provided enhancement of my learning experience. Before starting the

project, I had no idea that a DNP project was time-consuming. I had to disengage from other activities to prioritize the development of this CPG and capstone project. All efforts to prepare this project included using Google, various databases, reviewing relevant literature, and using Walden's library to support the significance of the project. My practicum experiences over the DNP terms helped to improve my clinical knowledge and skills that enabled me to develop this CPG. The need to close the health care gaps created by the high nurse turnover rate motivated me to develop this CPG for the small outpatient clinic. The implementation of this CPG has the potential to decrease nurse turnover and replacement costs and promote patient satisfaction (Escarze et al., 2015).

Scholar

The core principles and values of an advanced practice nurse are to increase knowledge and skills in health care practices that will result in the growth of nursing specialization (American Nurses Association, 2006). Advanced nursing practice focuses on educating nurses to perform their professional roles with competence and comfort (American Nurses Association, 2006). As a scholar, I was able to identify a target population such as newly hired nurses who were expected to perform their professional roles with no formalized orientation to those new roles. I then conducted a need assessment by participating in a conversation with the administrator and nursing staff to identify the gap in practice. Need assessments can assist a professional scholar in investigating factors that affect the target population and positively influence the outcome (Hodges & Bonni, 2011).

IRB Process Applicant

The completion of the DNP program provided me with valuable information and the opportunity to participate in the IRB approval process. It enhanced my advanced practice knowledge to understand the processes of gaining ethical approval for project proposals (American Association of Colleges of Nursing, 2006). In addition to understanding the role of the IRB, appropriate communication was required to effectively implement change in the practice setting. Throughout the process I learned how to communicate with professionals, identify expert panelists, and engage stakeholders to answer the evaluation questionnaires. Good communication techniques improve problem-solving ability and improve the effectiveness of the project (Norris et al., 2017)

Practitioner

As a practitioner, I played a role of importance at the outpatient facility by participating in integrated and multidisciplinary teamwork. The role of a practitioner is to initiate diagnosis, treatment, and care planning for patients (Grol et al., 2018). My professional development as a practitioner unfolded when I assisted and observed my preceptor diagnose, treat, and plan care for patients with many different health conditions. I had the opportunity to perform comprehensive assessments of the patient population and applied advanced levels of clinical judgment in assessing and identifying the needs of newly hired nurses at the outpatient facility. Observing my preceptor work alongside newly hired nurses with no structural and formulized orientation prompted my decision to develop the evidence-based orientation guideline to orient newly hired nurses at the clinic.

Summary

Nursing turnover has created a human resource problem with negative consequences, especially when it occurs at high rates that result in decreased continuity of care, productivity, patient satisfaction, retention of nurses, and increased risk for patient safety (Dewanto & Wardhani, 2018). Factors contributing to the nursing turnover include understaffing, tight work schedules, low pay, lack of understanding of new technology, lack of workplace engagement, tight labor market, aging nursing workforce, and lack of orientation guidelines (Health Care Retention & RN Staffing Report, 2019). Additionally, work-related stress, staff burnout as well as poor leadership communication are major attributes to nursing turnover (Gnerre et al., 2017). However, the lack of a formalized CPG to orient newly hired nurses at the small outpatient clinic in the northeast United States was viewed as contributing factor to the clinic's nursing turnover. The development of this orientation guideline for newly hired nurses can serve to not only decrease the nurse turnover rate at the small outpatient clinic but can also motivate employees, increase productivity, improve staff morale, facilitate learning, and reduce job-related stress for new employees (Kothari, 2018).

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Appendix A: AGREE II

DOMAIN 1. SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is (are) specifically described.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
2. The health question(s) covered by the guideline is (are) specifically described.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						

DOMAIN 2. STAKEHOLDERS INVOLVEMENT

4. The guideline development group includes individuals from all relevant professional groups.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
5. The views and preferences of the target population (patients, public, etc.) have been sought						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
6. The target users of the guideline are clearly defined.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						

DOMAIN 3. RIGOUR OF DEVELOPMENT

7. Systematic methods were used to search for evidence.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
8. The criteria for selecting the evidence are clearly described.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
9.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
10. The methods for formulating the recommendations are clearly described.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
12. There is an explicit link between the recommendations and the supporting evidence.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
13. The guideline has been externally reviewed by experts before its publication.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
14. A procedure for updating the guideline is provided						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						

DOMAIN 4. CLARITY OF PRESENTATION

CLARITY OF PRESENTATION						
15. The recommendations are specific and unambiguous.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
CLARITY OF PRESENTATION						
16. The different options for management of the condition or health issue are presented.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
CLARITY OF PRESENTATION						
17. Key recommendations are easily identifiable.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						

DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
20. The potential resource implications of applying the recommendations have been considered.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
21. The guideline presents monitoring and/or auditing criteria.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						

DOMAIN 6. EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline.						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						
23. Competing interests of guideline development group members have been recorded and addressed						
1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
Comments						

Appendix B: Stakeholder's Survey

A. The scope and purpose of the information presented relating to the lack of formalized orientation guidelines for newly hired nurses is presented.

1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

B. The objectives of the orientation guideline are specifically described.

1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

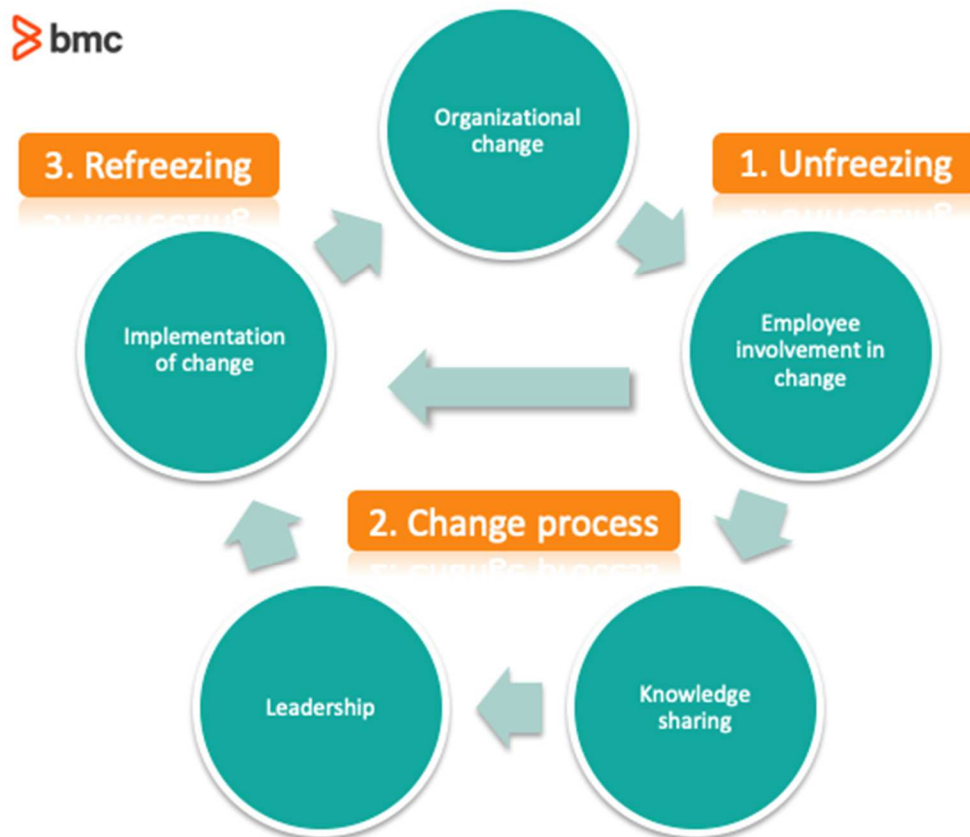
C. The orientation guideline is specific and unambiguous.

1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

D. The developed orientation guideline presented to the organization can be put into practice.

1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

Appendix C: Lewin's 3 Stage Model of Change



Appendix D: Clinical Practice Guideline

Part I: General Orientation – Policy and Procedures, Health Insurance, Paid Time Off, HIPAA, Workplace harassment, Workplace Violence, Discrimination

Inclusion Criteria:

1. Licensed Practical Nurses
2. Registered Nurses

Exclusion Criteria:

1. None Nursing Staff

Part II: Facility Policy -social media, Smoke-free Environment, Parking Policy, Cellphone, and Conflict Resolution

Part II: Nursing Policy- Patient Education, Clinical Competency, Continue Professional Development, Performance Recognition

Part IV: Nursing Unit- Onboarding, Hand Hygiene, Electronic Medical Record

Part I

Nursing Orientation General Orientation Components	Recommendation	Level of Evidence/Quality Ratings	Source of Evidence and Comments
Policy and Procedures	Strongly Recommended	Levels IV, I, II	Evidence states that policy and procedure bring uniformity and order to the organization which reduces the risk of an unwanted event (Kelly, 2020).
Health Insurance	Strongly Recommended	Levels I, II, III, IV	Research urges that newly hired nursing orientation include discussion on health insurance to reduce nurse turnover and increase retention of qualified nurses (Davis, 2014).
Paid Time Off	Recommended Strongly	Levels IV, I, II, III,	It is indicated that orientation should include information about the provision of short-term disability plans by the employer (Albelda, 2019).
HIPAA	Recommended Strongly	Levels I, II, III, IV	Research reveals that entities must be required to follow HIPAA policy with consideration to obtaining consent (Flemming,2014).
Workplace Harassment	Recommended Strongly	Levels I, III, II, IV	Literature reviews indicated that workplace harassment includes bullying, gossiping, or giving no or solely meaningless work assignments (De las Casas, 2019).
Workplace Violence	Recommended Strongly	Levels I, III, II, IV	Evidence suggested that the incident of violence among medical staff in workplaces leads to emotional exhaustion, burnout, and negative professional performance (Chen et al., 2016).
Discrimination	Recommended Strongly	Levels III, IV, I	Research shows that discrimination in the workplace can be manifested via institutional and interpersonal actions (Beatty Moody et al., 2021).

Part II

Nursing Orientation Facility Policy	Recommendation	Level of Evidence/Quality Ratings	Source of Evidence and Comments
Social media	Recommended	Levels III, IV, I, II	It is suggested that social media can be used as an educational tool by medical practitioners, yet it hurts productivity and efficiency (Pizzuti et al.,2020).
Smoke-free environment	Recommended Strongly	Levels III, IV, I, II	Evidence suggests that secondhand smoke exposure leads to heart disease, stroke, lung cancer, sudden infant death, acute respiratory infections, middle ear infections, and asthma (Kruger et al., 2016).
Parking Policy	Recommended	Levels V, III, IV, I, II	The expert expressed that the inclusion of a parking policy in the workplace ensures everyone knows parking areas to make the workplace less stressful (Jay fencing, 2018).
Cellphone Policy	Recommended Strongly	Levels I, II, III, IV	Research suggests that employee cellphone use in the workplace can compromise patient and employee safety and confidentiality (Miller et al., 2019).
Conflict Resolution	Recommended Strongly	Levels I, II, III, IV	It is argued that conflict is an inevitable aspect of life, the ability to solve conflict plays a significant role (Losa & De Bengoa Vallejo, 2012).

Part III

Nursing Orientation Nursing Policy	Recommendation	Level of Evidence/Quality Ratings	Source of Evidence Comments
Patient education	Recommended Strongly	Levels I, II, III, IV	Evidence suggests that patient education incorporates knowledge, skills, values, and attitudes of specific or general medical topics (Fereidouni, 2019).
Clinical Competency	Recommended Strongly	Levels II, III, IV	Evidence indicated that clinical competency provides an opportunity to identify weaknesses and strengths to eliminate failures (Rafi, Ghezeli & Nasrollah, 2019).
Continue professional Development	Recommended	Levels I, II, III, IV	Evidence suggests that continued professional development can be informal and formal continuing education and learning which results in knowledge and skills improvement to maintain licensure and competence (Mlambo,Silen & McGrath, 2021).
Performance Recognition	Recommended	Levels I, II, III, IV	The literature argues that newly hired nurses need to know that there is compensation received based on good work performance (Mayhew, 2019).

Part IV

Nursing Orientation Nursing Unit Policy	Recommendation	Level of Evidence/Quality Ratings	Source of Evidence and Comments
Onboarding	Recommended Strongly	Levels I, II, III, IV	Research suggests that newly hired orientation should include onboarding to facilitate the relationship, clarify expectations, roles, priorities, review organizations' culture, goals, mission, and vision (Bhakta & Medin et al., 2021).
Hand Hygiene	Recommended	Levels I, II, III, IV	Research revealed that hand hygiene reduces the transmission of infectious agents (Tartari et al., 2019).
Electronic Medical Record System	Recommended	Levels V, IV, III	The research elaborates on the electronic medical record system as a tool to improve the quality of clinical decisions for patient safety (Trudel et al., 2017).