Effective orientation programs for new graduate nurses: A systematic review

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Received 13 November 2018; accepted 17 April 2019
Available online 11 July 2019

KEYWORDS
Newly graduated nurse;
Nurse orientation program;
Nurse transition program

Abstract
Objective: To determine the most effective orientation program for new graduate nurses (NGNs) in hospital settings.
Method: A systematic review of existing literature was conducted following a search of the electronic databases Science Direct, PubMed, EBSCOhost, ProQuest, and Wiley Online (2008–2018). Searches utilized the following keywords nurse orientation, new nurse orientation, practical orientation, nurse transition, and nurse transition program.
Results: A total of fourteen studies met our review criteria. Evidence from these studies showed that current orientation protocols consist of preceptorship, classes, and simulations of patient care. The most efficacious orientations had well-established goals and utilized proven learning materials, support systems such as preceptorship and mentorship, learning methods, and evaluation instruments within the organization.
Conclusion: Well-designed orientation programs will result in positive effects on NGNs and patient care in the hospital.
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Introduction

Newly graduated nurses (NGNs) undergo a difficult transition period from student to professional nurse following graduation. NGNs are both mentally and emotionally challenged as they adjust themselves to their new profession and organization.1 Existing literature outlines several stressors on NGNs including waiting for National Council Licensure Examination (NCLEX) results, moving away from home to live independently, and adjusting to the new demands of their work environment.2 All of these new responsibilities often produce stress and anxiety.3

NGNs also face certain personal difficulties during the transition period. Studies have shown that lack of confidence, high workloads, orientation issues, fear, frustration, and being overwhelmed are frequent transition difficulties for NGNs.2,4 These can lead to transition-precipitated

https://doi.org/10.1016/j.enfcli.2019.04.094
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that critical conflict and role-playing. Certain effectiveness, and transition, Quest, from an identification and keyword search, the corresponding studies were NGNs to act as additional mentors for the NGNs. Another described the implementation of pathway orientation to help NGNs and their preceptor begin the preceptorship prior to the commencement of the orientation period. Class activities such as sharing journal assignments, peer group discussions, role-playing, and review of materials provided by the hospital were parts of the orientations investigated for this review. Basic orientation courses included human resources and nursing policies, environmental and safety culture, infection control, emergency procedures, conflict resolution, incident reporting, stress management, professional development, service excellence, ethics, patient rights, and communication.

Learning materials were provided regarding the end of life care, therapy and blood transfusion policies, use of medical equipment (such as fluid pumps), human organ systems and their relevant departments (e.g., cardiology, respiratory, neurology, hepatobiliary), sepsis, and trauma. New technologies were implemented into certain orientation programs, including a human patient simulator called Laerdal Sim-Man, computer-based learning, and online materials.

A variety of measuring tools were used to evaluate the orientation programs, including the Advisory Board’s Critical Thinking Diagnostic, the New Graduated Nurse Learning Behavior Rating Guide, the Casey-Fink Graduate Nurse Experience Survey, the Health Sciences Reasoning Test™ (HSRT), the Clinical Decision-Making in Nursing Scale (CDMNS), and the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey. Certain studies employed instruments designed by the investigators to evaluate the orientation programs. Aspects evaluated were wide-ranging, including satisfaction, time effectiveness, critical thinking, retention and turnover, performance, effectiveness, confidence, and engagement.

Discussion
Orientation time given to NGNs is a critical feature for analysis, as the length thereof can affect costs incurred and results derived from the program. The shortest orienta-
Table 1  A database search results.

<table>
<thead>
<tr>
<th>Database</th>
<th>Keywords</th>
<th>N</th>
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<tbody>
<tr>
<td>Science Direct</td>
<td>&quot;nurse orientation&quot;' AND nurse 'effective orientation' AND nurse</td>
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<tr>
<td></td>
<td>'new nurse orientation' AND nurse 'nurse orientation program'</td>
<td></td>
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<tr>
<td></td>
<td>'nurse transition'</td>
<td></td>
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<tr>
<td>PubMed</td>
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<tr>
<td></td>
<td>'new nurse orientation' AND nurse 'nurse orientation program'</td>
<td></td>
</tr>
<tr>
<td></td>
<td>'nurse transition program'</td>
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<tr>
<td>EBSCO</td>
<td>&quot;nurse orientation&quot;' AND nurse 'effective orientation' AND nurse</td>
<td>130</td>
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<tr>
<td></td>
<td>'new nurse orientation' AND nurse 'nurse orientation program'</td>
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<tr>
<td></td>
<td>'nurse transition program'</td>
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<td>ProQuest</td>
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<td>'new nurse orientation' AND nurse 'nurse orientation program'</td>
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<td></td>
<td>'new nurse orientation' AND nurse 'nurse transition program'</td>
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<tr>
<td>Total</td>
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<td>3,025</td>
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Table 2  Inclusion and exclusion criteria.

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>New graduated general nurse from the hospital</td>
<td>New graduated specialist nurse Nurse practitioner Public health nurse Nurse student</td>
</tr>
<tr>
<td>Orientation program in hospital</td>
<td>Orientation program in specialized units such as the operating room, ICU, emergency department, etc.</td>
</tr>
<tr>
<td>Quasi Experimental Pilot Project Cohort Study</td>
<td>Opinion/Discussion Dissertation</td>
</tr>
</tbody>
</table>

Figure 1  Data searching.
<table>
<thead>
<tr>
<th>No</th>
<th>Author/year</th>
<th>Method</th>
<th>Sample</th>
<th>Measurement tool</th>
<th>Length of orientation</th>
<th>Program</th>
<th>Result</th>
</tr>
</thead>
</table>
| 1  | Allen/2011      | Pilot project                 | 60     | A self-designed tool                                                             | 4 hours for basic hospital orientation, 8 hours for nursing orientation, 4 hours for clinical lab, Continue with preceptorship (not stated) | Preceptor, Orientation pathway, Basic hospital orientation, Nursing policies, Clinical lab | Satisfaction: increase 1%  
Cost saving: $62,000  
Time-effectiveness: complete one week earlier |
| 2  | Bittner/2016    | Pilot project                 | 24     | Advisory Board’s Critical Thinking Diagnostic                                     | 400 hours                                                                             | Simulation, Learning activities, Reflective journaling, FGD, Preceptorship  
HPS simulation case for the intervention group, Preceptorship for both group | Critical thinking: improved at 6 and 12 months interval |
| 3  | Roche/2013      | Quasi-experimental pilot study| 24     | New Graduated Nurse Learning Behavior Rating Guide                                 | Five weeks                                                                             | Preceptorship, HPS simulation case for the intervention group, Preceptorship for both group | Satisfaction: 4.25 (Likert scale 1–5)  
Retention: all participant still employed one year after hire  
Performance: no significant differences between intervention and control group  
Helpfulness: 57.6% |
| 4  | Rush/2013       | Mixed methods study           | Not stated | • Casey-Fink Graduate Nurse Experience Survey  
• Orientation to the employer/nursing unit  
• General transition  
• The specific new graduate nurse transition program | One year                                                                               | Written materials, Classroom/theory, Simulation/theory, Hands-on/bedside learning  
In service programs/workshops, Website/online materials  
Experimental: Standard new nurse orientation, and six high-fidelity patient simulation experiences with the Laerdal Sim-Man®, a fidelity human patient simulator, Control: Standard new nurse orientation, Preceptorship for both group | Critical thinking: pretest score of 20.92 (SD = 3.43) compared with a mean posttest score of 21.89 (SD = 2.52) |
| 5  | Maneval/2012    | Quasi-experimental: Pretest–posttest design | 26     | Health Sciences Reasoning Test™ (HSRT) and the Clinical Decision-Making in Nursing Scale (CDMNS) | Ten weeks                                                                              | Preceptorship, HPS simulation case for the intervention group, Preceptorship for both group | Critical thinking: pretest score of 20.92 (SD = 3.43) compared with a mean posttest score of 21.89 (SD = 2.52) |
### Table 3 (Continued)

<table>
<thead>
<tr>
<th>No</th>
<th>Author/year</th>
<th>Method</th>
<th>Sample</th>
<th>Measurement tool</th>
<th>Length of orientation</th>
<th>Program</th>
<th>Result</th>
</tr>
</thead>
</table>
| 6  | Hillman/2011 | Cohort | 251    | Casey-Fink Graduate Nurse Experience Survey | 16 weeks | ● Centralized class day  
● Unit-specific class day  
● Preceptorship  
● Simulation lab  
● Corporate orientation  
● Computer training  
● Experiential learning | Retention: 100%  
Cost saving: 4 million dollar  
Helpfulness: Yes |
| 7  | Murphy/2017 | Cohort | 521    | A self-designed tool | 6 days | ● New employee onboarding and central nursing orientation  
● Unit-based orientation  
● The nurse residency program | Turnover: 12.28%  
Cost saving: $156,000  
Time-effectiveness: shortened 8 hours/day  
Confidence: increase in 12 months  
Satisfaction: overall yes  
Engagement: highly engaged |
| 8  | Olson-Sitki/2012 | Non-experimental mix method design | 31 | Casey-Fink Graduate Nurse Experience Survey | Three months | ● Graduate Nurse  
● Internship Program (GNIP)  
● Preceptorship  
● Adult learning  
● Interactive Nurse Residency  
● Preceptorship  
● Peers  
● VNA (volunteered nurse ambassador) from a retired nurse | Competency: improve at 6 and 12 months  
Retention: 11.5% better than control group  
Satisfaction: yes  
Engagement: yes |
| 9  | Phillips/2014 | Quasi-experimental | 4 | Casey-Fink Graduate Nurse Experience Survey | 12 months | ● A self-designed tool  
● Pagana’s clinical stress questionnaire  
● Spielberger's state-trait anxiety inventory  
● Casey-Fink Graduate Nurse Experience Survey  
● Graduate nurse residency program evaluation | Retention: 100% |
| 10 | Anderson/2009 | Mix qualitative-quantitative | 90 | Halfer-Graf tool/Work Environment Nursing Satisfaction Survey | One year | ● A self-designed tool  
● Pagana’s clinical stress questionnaire  
● Spielberger’s state-trait anxiety inventory  
● Casey-Fink Graduate Nurse Experience Survey  
● Graduate nurse residency program evaluation | ● A Collaborative Model  
● Preceptorship  
● Simulation  
● Nurse Residency Program  
● Preceptorship  
● UHC/AACN New Graduate  
● Nurse Residency Program  
● Preceptorship  
● Engagement: yes  
● Satisfaction: yes  
● Retention: before 40%, after 100% |
tion time in the study was six days, while the longest was twelve months. Comprehensive orientation processes correlated significantly to the length of orientation; research suggests that the NGN period should be at least four weeks long. All articles reviewed for this study met this guideline except for one, wherein the period was six days.19

Most researchers reported a support system comprised of a preceptor, classes, and simulations. Although the role of the preceptor is challenging, many studies suggested that a successful preceptorship can increase NGN job satisfaction and retention of NGNs leading to decreased turnover.24 One successful support system included mentoring by a VNA; NGNs reported high ratings of satisfaction with the program.12 In this system, retired nurses are recruited to shadow the NGNs while they provide nursing care to their patients. In addition to good mentorship, classes and simulations are also an essential part of the orientation process to provide a safe and productive learning environment. Research shows that simulations of common clinical events in a group setting help NGNs to develop clinical reasoning and decision making skills.25

Classroom materials could be categorized into hospital and nursing policies, anatomical and physiological systems reviews, and international accreditation standards, with the goal of bringing theory into practice. Studies have intimated that NGNs feel underprepared for practice because expectations of registered nurses are much greater than those of students, prioritization of care is difficult to put into practice, and the workload can impede focus.26 Classroom materials detailing the human body systems as they relate to clinical practice help NGNs connect their education to real-life situations. Specific information about standards of accreditation and hospital nursing policies help NGNs to better assimilate into the hospital culture. Education about safety, quality improvement, patient-centered care, communication, and teamwork, all included in the standard of accreditation, resulted in fewer reported patient care errors, and fewer unsafe practices.27

All orientation programs in all studies examined for this review reported positive impacts such as increased retention and reduced turnover, and increased job satisfaction among NGNs during their transition phase. Research shows that the orientation program is essential to NGN job satisfaction and increased retention rates.28 Other studies report other positive effects of orientation, to include better support, improved socialization, and a positive clinical learning environment.29 Established orientation programs were associated with higher retention rates, higher competency levels, better job satisfaction, and lower stress levels.30 Orientation geared toward improved competency can also build good perceptions of interpersonal (72.4%), technical (53.4%), and critical thinking skills (58.6%) in newly hired nurses.30

In addition to planning activities carried out during orientation, it is important for the hospital to establish specific objectives for the orientation program. Determining goals can be done together by the preceptor and NGNs in the form of orientation pathways. In a pathway, the objectives and means by which goals can be achieved during the orientation process are written down. This is done so that the NGNs and preceptors can remain focused on the objectives that must be achieved. It is also essential to evaluate orientation activities during the orientation process, by comparing results with stated objectives. Hospitals can design their evaluation instruments or use one that is already available. In studies analyzed for this review, four of the fourteen studies used the Casey-Fink Graduate Nurse Experience Survey in the evaluation process.8,9,17,20,21 Instruments that have been tested for validity and reliability can help to ensure usable data.

Conclusion

Nursing managers should design and manage orientation programs aligned with evidence-based research. Modifications can be made as necessary with regards to the hospital’s available budget and existing technology. Orientation length should be determined in accordance with orientation goals and activities. Components of a successful orientation program are learning materials, support systems, and learning methods with proven efficacy. Nursing managers must also design measurable goals for the program and NGNs to enable evaluations in real time of orientation programs so managers can make continuous improvements to existing systems.

Conflict of interests

The authors declare no conflict of interest.

Acknowledgments

This work is supported by Hibah PITTA 2018 funded by Directorate of Research and Community Services Universitas Indonesia No. 5578/UN2.R3.1/HKP.05.00/2018.

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