



# staffing points of interest

## Evidence-based Nursing Orientation Brings PA Hospital Retention Results

At Medical Solutions we'll provide your facility with exceptional healthcare staffing choices. Whatever your need we can supply you with the most proficient and talented traveling nurses and traveling allied health professionals available. While delivering you only the best and brightest we can help you maintain great patient care regardless of the challenges you may face; such as staffing shortages, census shifts and other unique staffing demands.

Staff development specialists are well aware that the way new employees are oriented to an organization has a significant effect on their job satisfaction and, ultimately, on retention. It is essential that we take this belief and translate it into evidence-based practice. One very innovative educator did just that when she revised her nursing orientation program to help increase nursing retention rates in her organization.

Sylvia E. Prickitt-White, RN, BSN, MEd, is the nursing education/wound care clinical coordinator at the Heart of Lancaster Regional Medical Center, a 140-bed hospital in Lititz, PA. As the educator in the hospital, Prickitt-White found that orientation was taking more and more of her time. The demand for orientation was linked to the need to hire and orient new nurses on a very frequent basis. In 2005, she began to notice what she calls a "drastic turnover" of both new and experienced nurses.

"They would stay for about three to six months and then resign," says Prickitt-White. "Our retention rate of newly-hired nurses was about 25% to 30%." At that time, general orientation took one week and unit-based

orientation lasted for three months. She wanted to know why nurses were leaving so began contacting nurses who had left the organization. She says new nurses reported feeling "removed and disjointed once they left the safety of new employee orientation" and also reported a lack of connection after orientation was completed.

### **New orientation initiatives**

"As part of her efforts to find a solution to the problem, Prickitt-White conducted an extensive literature review on the topic of retention and orientation. According to the literature, nurse retention is boosted by some type of formal program that extends beyond orientation, such as a residency or mentoring program, that allow for regular contact with designated peers throughout the first year of employment.

Armed with evidence from her literature review, she approached administration and received permission to implement a new program. She designed an extended orientation program that lasts throughout the first year of a nurse's employment. She says the purpose is to bring new employees together to give them information they ...



Medical Solutions has earned The Joint Commission's Gold Seal of Approval™

may have heard during orientation, but may not have absorbed due to the extensive amount of information thrust upon new employees.”

This program also gives them a chance to reconnect with each other and share comments, concerns, and triumphs. The year-long program is called Connections and consists of four components: Connecting the dots, focusing the picture, keeping the focus, and completing the puzzle.

### **Focusing the picture**

The next part of the program, “focusing the picture,” is held three to four months after the group’s hire date. The hospital may have more than one orientation group depending on how many orientations have been held during this time period. “Focusing” is held between the first and second shift and the second and third shift and is a two-hour program. Nurses are financially compensated if attending the class on off-duty hours, and thus far, attendance has been good.

“Focusing” concentrates on hospital processes that may not have been addressed or were only briefly addressed in previous classes. Some topics include rapid response teams, hand-off communication, and a discussion of how they are doing with the documentation system and bar code medication administration. Depending on the response, Prickitt-White might offer some remediation work with nurses regarding medication administration and documentation.

And of course, a key part is the ongoing emphasis on communication and support.

### **Keeping the focus**

“Keeping the focus” is split into two sessions, one at six months after hire and one at the nine month mark. Classes are offered to accommodate the needs of nurses who work various shifts. The content is flexible so that additional

topics and issues can be addressed as needed. Topics addressed may include updates on National Patient Safety Goals, annual competencies, risk management, Medicare reimbursement, or Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results. Prickitt-White notes that discussing HCAHPS results, which reflect patients’ experiences of their hospitalization, helps to focus nurses on thinking about customer service as well as clinical interventions.

The program also makes sure to allot time for open-ended discussion.

### **Completing the puzzle**

The final component of the program, “completing the puzzle,” is a class held about one year after hire. The session is scheduled for a time when most of the group is scheduled to work and is presented as a breakfast or lunch buffet. The group members themselves guide this open-ended discussion, which serves to bring closure to the first year of employment. They also evaluate the orientation program to provide feedback on their experiences.

### **Results**

Prickitt-White is “thrilled” with the link between her new program and retention rates.

“The retention rate one year after program implementation jumped to 65%,” she says. “Today, three years later, retention has reached 80%.”

Although many factors influence retention, it is clear that there is an association between the new program and improved retention. Other program strengths include enhanced communication, increased feelings of support among and for orientees, and more time for orientees to become assimilated into the organization. Challenges include the ongoing need to work with new administrators and managers to maintain buy in for the new

program, scheduling nurses to attend the third and fourth program sessions (by this point they are carrying full patient loads and need to be covered on their units), and finding ways to effectively utilize orientation feedback.

### **Suggestions to control turnover in Nursing**

- Hospital managers should empower their staff and give them more autonomy, more control, and improved work climates;
- Implementation of a work team model within hospitals might enhance the input and involvement of clinical nurses in decision-making;
- Self-leadership may give the employee stronger feelings of competence, purpose, self-control, and mental job redesign. This may raise the employee’s job satisfaction and decrease turnover intention;
- Job information and support from supervisors may reduce work stress;
- Support from coworkers also may reduce turnover;
- Hospital managers or nurse supervisors should seek ways to offer clinical nurses more social support and practical assistance at work, for example, providing sufficient information and resources to enhance decision-making, offering more task-relevant feedback and praise, listening to nurses’ opinions, and showing concern for their daily work; and
- Access to mentors with whom to share their experiences and seek advice is an important social support for novice nurses.

To learn of other ways to help maintain a safe and happy staff call **1-866-633-3548** or visit us at **MedicalSolutions.com/Clients**

