Understanding the importance of effective orientation: what does this mean in psychiatric graduate nurse programs?

AUTHORS

Rosemary Charleston
RN, RPN, B.Hs, M.Nurs
Lecturer, Preceptorship in Psychiatric Nursing, Centre for Psychiatric Nursing Research and Practice, School of Nursing, the University of Melbourne, Carlton, Victoria, Australia
charle@unimelb.edu.au

Karla Hayman-White
BA(Hons), PhD Candidate
Research Fellow, Centre for Psychiatric Nursing Research and Practice, School of Nursing, The University of Melbourne, Carlton, Victoria, Australia

Mr Rob Ryan
RN, M.Ed
Psychiatric Nurse Consultant, Aged Persons Mental Health Program, North Western Mental Health, Sunshine Hospital, St Albans, Victoria, Australia

Brenda Happell
RN, RPN, BA(Hons), Dip Ed, B.Ed, M.Ed, PhD
Associate Professor, Director, Centre for Psychiatric Nursing Research and Practice, School of Nursing, The University of Melbourne, Carlton, Victoria, Australia

KEYWORDS

orientation, graduate nurse, psychiatry, psychiatric/mental health nursing, nursing

ABSTRACT

Objective
The main purpose of this project was to examine and describe specialist psychiatric graduate nurse programs (PGNP) in Victoria, Australia.

Design
This project used thematic analysis to review information obtained from individual and focus group interviews.

Setting
Twenty one area mental health services (AMHS) in Victoria, Australia participated in this project.

Subjects
Participants included graduate nurses, nurse educators, nurse unit managers, ward-based clinical nurses, consumer consultants, mental health nurse academics and future graduates.

Main Outcome
To describe current PGNP practices, identify and make recommendations for improvements.

Results
Many categories relating to PGNP were examined however for the purposes of this paper issues regarding orientation are discussed. Effective orientation was identified as crucial to graduates confidence and learning in the psychiatric setting.

Conclusions
A substantial amount of information was gathered specific to orientation practices in PGNP. Much of this argues for the need to have a formal, structured and supportive orientation period in PGNP.

INTRODUCTION

The development of formal orientation programs in health is critical in the recruitment and retention of nursing staff. The importance of effective programs is especially so for graduate nurses beginning their career. Literature demonstrates that a comprehensive, well thought out program can reduce adjustment periods for novice nurses, minimise turnover and establish a solid foundation for a productive and lengthy career (Marcum and West 2004).

Formal graduate nurse programs (GNP) in general nursing are commonplace and have existed in their current form for many years. In psychiatric nursing in Victoria, the existence of a more systematic approach to GNP is relatively new, having only existed in their current state for the past three to four years since the introduction of specific funding. However some mental health services were offering specific psychiatric nurse GNP prior to the availability of allocated funding. Although many studies have examined graduate nurse orientation, few describe the components necessary when making the transition to mental health.

The purpose of this paper is to examine available literature on orientation practices in nursing and discuss this in relation to outcomes obtained from a review and evaluation of PGNP. Although orientation is multipurpose, a number of recurrent themes emerged as priorities from both the literature and findings from this project. The need for adequate adjustment time and the need for effective support processes during the orientation phase dominate the literature (Ross and Clifford 2002; Lavoie-Tremblay et al 2002; Boychuck-Duchscher 2001; Olsen et al 2001; Charnley 1999).

ORIENTATION

Definition

To 'orientate' is to adjust to new circumstances, surroundings and or facts (Macquarie Dictionary 2000). Anecdotally the term orientation used in the nursing context, refers to a course introducing a new situation or environment. In GNP, the main reasons for orientation are to enhance skills and knowledge in the new graduate, to facilitate the integration of theory and practice and to ease the new graduates' transition from university life to the clinical setting. Much of the recent literature exploring GPN orientation describes various approaches to learning during this period such as competency-based programs and/or self-directed modules completed over time (Fey and Miltner 2000; Connolly and Hoffart 1998).

The language used to describe the orientation period and or programs also differs in the literature; this has the potential to create confusion for the consumer of research. For example some programs are referred to as internships (Owens et al 2001); other programs are just described as transition stages (Ross and Clifford 2002; Maben and Clark 1998). Research has also focused on the socialisation and support of graduate nurses during this time and emphasises the critical nature of both these concepts (Godinez et al 1999; Boyle et al 1996). What becomes obvious on examination of the literature is the lack of a systematic approach to nursing orientation. Connelly and Hoffart (1998) report on a variety of criteria used, for example support issues, turnover rates and levels of satisfaction, but highlight the lack of theoretical frameworks available to study nursing orientation.

Effective orientation

Although site or specialty specific objectives may exist during an orientation period, there are a number of recurrent themes through the literature identified as essential components. These include formal processes for adequate graduate support, some form of educational offerings and consideration of the adjustment required by the graduate; especially in terms of time taken to complete tasks, workload allocation and patient care (Ross and Clifford 2002; Lavoie-Tremblay et al 2002; Boychuck-Duchscher 2001; Fey and Miltner 2000; Olsen et al 2001; Charnley 1999).

In Australia, government funded GNP are quite new

to the area of psychiatric or mental health nursing. A sound GNP provides the context within which health care providers can assist graduates with the transition from undergraduate nursing student to professional nurse (Department of Human Services 1994). Thus, GNP in mental health provide services with the opportunity to promote the consolidation of existing knowledge, attitudes and skills and the development of necessary competencies for future practice. GNP also represents an important recruitment and retention strategy. These programs provide services with the ability to develop strategies that are geared to the local environment (ie rural versus metropolitan) and specific requirements of the field of psychiatric and mental health nursing.

Evidence from the field of general nursing indicates that the transition from undergraduate nursing student to professional nurse can be a stressful and difficult time for many graduates, particularly during the first three to six months (Clare et al 2002). Graduates are required to consolidate existing knowledge and skills, develop additional skills and become accustomed to the organisational environment (Heslop et al 2001). Graduates typically require a great deal of support to assist them during the transitional phase (Ross and Clifford 2002); positive precepted experiences and other transition support systems appear to be of particular importance (Clare et al 2002; Boyle et al 1996; Tradewell 1996).

There is a dearth of literature relevant to graduates and specialist GNP in the area of mental health nursing; however it is possible nurses may experience added difficulties during their transitional year (McCabe 2000; Prebble and McDonald 1997). The content of many undergraduate academic nursing programs is biased toward the general nursing field (Stevens and Dulhunty 1997). Undergraduate nursing students are typically exposed to little in the way of knowledge and skills relevant to mental health nursing and gain limited or no clinical experience. Consequently, the nature of theoretical and clinical support required to assist the transitional process

of graduates in the field of mental health nursing may be substantially different to that required by graduates in the general nursing field. These factors raise particular issues when attempting to construct an effective and comprehensive orientation to psychiatry.

Health care providers that mismanage the early professional experiences of graduates run the risk of failing to retain them within the service (Tradewell 1996) and could potentially discourage them from pursuing a career in mental health nursing. Australian health care providers are facing a shortage of new graduates and experienced practitioners in both specialty areas and general nursing (Department of Health and Aged Care 2000). Recruitment, as well as the failure to retain nurses recruited to the field, is a costly enterprise for health care providers. Evidence suggests that high turnover rates of new graduates are associated with the structure and content of basic educational programs and hospital orientation programs (Godinez et al 1999), as well as the organisational context of the hospital setting (Heslop et al 2001). Thus, the development and implementation of sound GNPs that are sensitive to these issues appears to be of particular importance to ensure their success as a recruitment and retention strategy.

PSYCHIATRIC GRADUATE NURSE PROJECT

The Centre for Psychiatric Nursing Research and Practice, School of Nursing, University of Melbourne, was engaged by the Mental Health Branch, Department of Human Services, Victoria, to conduct a state wide examination of PGNP in Victoria. The entire project was conducted over a twelve-month period with information derived from a range of sources. Examining orientation practices was a key component of this project.

Area Mental Health Services (AMHS) in Victoria are arranged geographically; there are twenty one in total across the state. Information about the PGNP was gathered from all twenty one AMHS, which varied in detail depending on the developmental stage of

the services' PGNP at the time. It is important to note that a large proportion of this information was accessed from adult mental health services where most of the PGNP focus existed at that time. Some PGNP did rotate graduates through specialty areas however the majority of experiences were located in adult mental health services.

Participants

Purposeful selection of participants was used during this project. The aim was to engage individuals with expertise in and/or direct professional experience relevant to Victorian PGNP; for example graduate nurses and nurse educators. A number of additional key stakeholders were also provided the opportunity to contribute to this project. These included nurse unit managers, ward-based clinical nurses, consumer consultants, mental health nurse academics and potential graduates.

Project Implementation

A project team was established to conduct the PGNP examination. This team consisted of a project manager, project officer, and research assistant. The project was also informed by the development of a liaison committee that met on a regular basis throughout the twelve month period. This committee consisted of identified key stakeholders in the field of mental health nursing, educators, and a consumer academic. Specific project objectives included an intensive review of GNP practices nationally and internationally; the identification of best practice models, including orientation practices; and the identification of structures that may assist AMHS in further development of GNP.

Individual interviews, focus groups and questionnaire developed during the initial stages of the project were used to gather information from AMHS personnel and other identified key stakeholders. This information was then analysed with a view to providing a more comprehensive understanding of current GNP practices in Victoria and suggest strategies for improvement. During this project Psychiatric Nurse Education teams were asked to elaborate on the orientation practices for psychiatric

nurse graduates of their AMHS. There were some consistent themes across orientation in each of the twenty one AMHS.

Project Outcomes

A majority of the AMHS provided an introductory orientation block that consisted, to varying degrees, of formal education for mental health nursing, mandatory occupational health and safety sessions and/or an overview of the broader organisational structures. The degree of allocated supernumerary time also varied considerable between services; this included what was provided at the beginning of the graduate year and what was offered at the commencement of each clinical rotation. The duration of stated orientation periods ranged from three days to two weeks with additional days, usually one or two, provided in most areas at the commencement of subsequent clinical rotations.

A substantial degree of information regarding orientation practices was articulated during the individual interviews and focus groups. A number of the project participants expressed that orientation was not long enough for graduate nurse adjustment. However others considered that at times it was too long and did not allow the graduate to feel integrated within the team; this was related to their peripheral supernumerary role.

An additional issue that emerged as a consistent theme was insufficient structure in the early period of orientation. With the orientation period not being structured enough, the graduates in particular felt that not enough direction was communicated to other staff regarding their role. Confusion and inconsistency ensued across a number of services, especially those where documentation regarding roles did not exist. It was important for graduates that the other team members understood their capabilities and recognised their registered status as nurse.

Participants also commented that additional support and education in the areas of identifying, preventing and managing aggression and skills in mental state assessment early in the orientation

was critical to their confidence in the initial period. Consensus throughout the data further suggested that individualised support was important during initial orientation; however even where this was available early; adequate support was less available as the year progressed. The need for programs to rethink service commitment to orientation over time is reinforced in Puntil (2005). In addition, participant reference to accessing support included being aware of and having access to people designated in support roles. For example, graduate nurse program coordinators, clinical supervisors and preceptors. Participants strongly agreed that they should know who and how to contact support people and have listed secondary contacts organised in the absence of primary supports.

DISCUSSION

A number of central themes worthy of further discussion emerged from the project data. Many questions also remain unanswered. Firstly, who and what define the orientation period? How long should it be and how much is enough? The definition of orientation previously mentioned refers to an adjustment to circumstances, surroundings and facts (Macquarie Dictionary 2000). If the main reasons for graduate nurse orientation are to enhance skills and knowledge, facilitate the integration of theory and practice and to ease the new graduates' transition from university life to the clinical setting, then there are many challenges in adopting a one-size-fits-all approach. As identified in this project, great variation exists in graduates' perspective regarding what does or does not work for them. The biggest challenge is having a model that incorporates core elements common to most programs while including strategies to enhance individualised learning; ones that encourage graduates to work at their own pace.

Therefore, what might be the essential components of a PGNP orientation? Certainly mental health specific education during this initial period, transition time and coordinated support for graduates; but what types of models might be most appropriate?

Kersbergen and Hrobsky (1996) suggested a clinical pathways model for precepted clinical experiences that may facilitate more productive learning. The Victorian PGNP in this project all use preceptorship to varying degrees so the clinical pathways model may offer a structured way to not only enhance learning, but provide an individual approach to graduate development. Fey and Miltner (2000) advocate a competency based model for orientation that adopts three levels of competencies; core clinical competencies, specialty competencies and client care management competencies. This framework was designed within a twelve week orientation program and reported positive results; especially in terms of retaining new employees. Although the Victorian PGNP use competency assessments as a component of their approach, limited information was available regarding a specific orientation model that encompasses and or guides the entire process; a factor that could benefit from further research and evaluation. It is also unfortunate that literature proposing specific models, as in the two previously mentioned here, fail to discuss issues relating to cost efficiency and effectiveness of the models.

While considering models for orientation one must consider resource requirements. Are health services able to commit adequate resources to this activity? And is there evidence that indicates effective orientation influences long term gains for the service as well as the graduate? Although Fey and Miltner (2000) discuss the clear connection between a well resourced and relevant orientation program with improved retention rates and greater staff satisfaction, there is limited information on cost considerations.

Another major theme arising from this project was the concept of supernumerary status for graduates and the need to understand the specific purpose of supernumerary time. Supernumerary time is recognised as a period where the graduate does not have an allocated client load for whom they are specifically responsible. Most services in this project had mandated periods of supernumerary time but did

not have documented guidelines for its use. This left some graduates unsure about their responsibilities as they did not have a client load and were at times at a loss as to how they should effectively use this time. When the individual development of graduates and the variations in their confidence levels are considered, it is reasonable to expect that some may need more or less supernumerary time than others to become familiar with a new environment. In this project the time was commonly unstructured. There were few designated objectives that may have provided structure for this time; as a consequence some individuals felt isolated and on the periphery of the team, rather than a part of it.

Unfortunately guidance was not forthcoming from the literature as little could be located on the use of or purpose for, supernumerary time. There is a serious need to develop protocols around this area given the degree of role confusion and potential for graduates to feel isolated during this period. The following recommendations are made in consideration of both the project findings and available literature.

Recommendations

In reflecting on the findings of this project, the authors identified changes to policy, practice and education. This resulted in the following recommendations:

- The development of supernumerary guidelines in PGNP including the type and frequency of available support; specific learning objectives for this period; tools to document learning; and a clear and concise communications strategy for this period.

- The development of formal support structures more broadly to support the orientation period, especially critical in the first 2-3 months. For example, a specific support model with all facets documented.

- Specific education to augment current graduate nurse knowledge and skills in psychiatric/mental health nursing.

- The development of an organisation wide communication strategy to inform current staff on structure, processes and expectations of PGNP.

- Development of graduate role statements for organisation wide dissemination.

- Development of formal peer support groups, especially during initial orientation, that is given high priority by managers in terms of time relief to attend.

- Clinical journaling for graduates during orientation.

- The need to clearly define what is understood by the orientation period and to have this embedded in policy.

- Research into the effectiveness and efficiency of formal orientation programs in PGNP.

CONCLUSION

This paper has outlined a number of findings and recommendations from a twelve month examination of specialist psychiatric nurse graduate programs in Victoria, Australia. Available literature has been used to augment similar findings to the project outcomes, including identification of gaps requiring further research. Consensus exists between the literature and the project findings on the need for effective support and structure throughout the year, not purely in the initial stages of orientation. The types of models and processes that may facilitate effective orientation would benefit from further examination.

REFERENCES

Australia. Department of Health and Aged Care. 2000. *Rethinking nursing: national nursing workforce torum*. Canberra: Commonwealth Department of Health and Aged Care.

Australia. Department of Human Services. 1994. *Nursing education in Australian universities*. The report of the National Review of Nursing Education in the Higher Education Sector 1994 and Beyond. Canberra: Department of Human Services.

Boychuk-Duchscher, J. E. 2001. Out in the real world: newly graduated nurses in acute-care speak out. *Journal of Nursing Administration*, 31(9):426-429.

Boyle, D., Popkess-Vawter, S. and Tauton, R. L. 1996. Socialisation of new graduate nurses in critical care. *Heart and Lung: The Journal of Acute and Critical Care*, 25(2):141-154.

Charnley, E. 1999. Occupational stress in the newly qualified staff nurse. *Nursing Standard*, 13(29):33-36.

Clare, J., White, J., Edwards, H. and van Loon, A. 2002. *Curriculum, clinical education, recruitment, transition and retention in nursing*. Final Report. Adelaide, South Australia: School of Nursing and Midwifery, Flinders University.

Connelly, L. and Hoffart, N. 1998. A research based model of nursing orientation. *Journal of Nursing Staff Development*, 14(1):31-39.

Fey, M. and Miltner, R. S. 2000. A competency based orientation program for new graduate nurses. *Journal of Nursing Administration*, 30(3):126-132.

Godinez, G., Scheiger, J., Gruver, J. and Ryan, P. 1999. Role transition from graduate to staff nurse: a qualitative analysis. *Journal for Nurses in Staff Development*, 15(3):97-110.

Heslop, L., McIntyre, M., and Ives, G. 2001. Undergraduate student nurses' expectations and their self-reported preparedness for the graduate year role. *Journal of Advanced Nursing*, 36(5):626-634.

Kersbergen, A. L. and Hrobsky, P. 1996. Use of clinical map guides in precepted clinical experiences. *Nurse Educator*, 21(6):19-22.

Lavoie-Tremblay, M., Viens, C., Forcier, M., Labrosse, N., LaFrance, M. and Laliberte, D. 2002. How to facilitate the orientation of new nurses into the workplace. *Journal for Nurses in Staff Development*, 18(2):80-85.

Maben, J., and Clark, J. M. 1998. Project 2000 diplomates' perceptions of their experiences of transition from student to staff nurse. *Journal of Clinical Nursing*, 7(2):145-153.

Marcum, E. and West, R. 2004. Structured orientation for new graduates: a retention strategy. *Journal for Nurses in Staff Development*, 20(3):118-124.

McCabe, S. 2000. Bringing psychiatric nursing into the twenty-first century. *Archives of Psychiatric Nursing*, 14(3):109-116.

Olson, R., Nelson, M., Stuart, C., Young, L., Kleinsasser, A. and Schroedermeier, R. 2001. Nursing student residency program: a model for a seamless transition from nursing student to RN. *Journal of Nursing Administration*, 31(1):40-48.

Owens, D., Turjanica, M., Scanion, M., Sandhausen, A., Williamson, M. and Herbert, C. 2001. New graduate RN internship program: a collaborative approach for system-wide integration. *Journal for Nurses in Staff Development*, 17(3):144-150.

Prebble, K., and McDonald, B. 1997. Adaptation to the mental health setting: the lived experience of comprehensive nurse graduates. *Australian and New Zealand Journal of Mental Health Nursing*, 6(1):30-36.

Puntil, M. 2005. New graduate orientation program in a geriatric psychiatric inpatient setting. *Issues in Mental Health Nursing*, 26(1):65-80.

Ross, H. and Clifford, K. 2002. Research as a catalyst for change: the transition from student to registered nurse. *Journal of Clinical Nursing*, 11(4):545-553.

Stevens, J.A. and Dulhunty, G.M. 1997. A career with mentally ill people: an unlikely destination for graduates of pre-registration nursing programs. *The Australian Electronic Journal of Nursing Education*, 3(1):128-138 (http://www.scu.edu.au/schools/nhcp/aejne/archive/vol3-1/acareer.htm).

Tradewell, G. 1996. Rites of passage: adaptation of nursing graduates to a hospital setting. *Journal of Nursing Staff Development*, 12(4):183-189.