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Comparing a General and Transitional Registered Nurse Orientation to Facilitate Quality Improvement

Kathryn R. Cortes
Walden University

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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Kathryn Cortes

has been found to be complete and satisfactory in all respects,
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Review Committee

Dr. Sue Bell, Committee Chairperson, Nursing Faculty
Dr. Barbara Gross, Committee Member, Nursing Faculty
Dr. Joanne Minnick, University Reviewer, Nursing Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Comparing a General and Transitional Registered Nurse Orientation to
Facilitate Quality Improvement

by

Kathryn Cortes

MSN, Walden University, 2011

BSN, Hampton University, 2008

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

August 2018

Abstract

Most hospitals orient new graduate nurses and experienced nurses in the same generalized orientation programs. To address the cost of orientation to specialty units, a pediatric hospital developed a tailored transitional residency orientation program for experienced nurses. The purpose of this project was to describe, compare, and evaluate the existing generalized orientation program and the transitional orientation program to determine how the orientations differed in structure, process, and outcomes.

Donabedian's model assessing quality of care services and Benner's novice-to-expert theoretical framework served as guides in evaluating the orientation outcomes.

Qualitative data about residency classroom time, preceptor selection and time, mentor selection and time, debriefing, and total length of orientation were collected for the generalized and transitional programs. The findings were that interview process and time, classroom time, mentor time, debriefing time, and length of orientation were decreased in the new transitional orientation program. Orientation costs were less for the transitional program than the generalized program (\$20,000 to \$30,000 versus \$50,000 per nurse, respectively) and nursing staff retention was better for the transitional program than the generalized program (90% versus 68%). The generalized orientation and separate transitional orientation have resulted in a social change by delivering cost-effective orientation to both novice and experienced nurses. Outcomes will be of interest to hospital human resource departments and nurses who conduct orientation programs.

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Dedication

This DNP project is dedicated to my loving husband, Elden, for his unwavering love, strength, and support. Your belief in me helped push me to accomplish my dream, and therefore I feel as though we have completed this journey together. To my precious boys, Mateo, Miguel, and Marcos, thank you for all of your understanding when I couldn't play because I was in school. You boys are my world. There isn't anything that you cannot accomplish, and always know that I am your biggest fan. I thank God for guiding my path and for keeping my family in your favor.

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Section 1: Overview of the Evidence-Based Project

Introduction

Orientation is the most basic and fundamental foundation upon which registered nurses (RNs) build knowledge and complex skills to succeed in a pediatric hospital in the Southwest. Length of orientation, mentors, preceptors, and support from hospital administration are all components of orientation that are often cited as the deciding factors in the RN's success. The five elements of an effective RN orientation are initial welcoming, supportive preceptors, training, unit-specific competencies to measure understanding and progression, and an evaluation of the orientation program (Baxter, 2010).

The length of orientation is generally between 3 and 4 months, but specialty units and trauma hospitals may extend lengths of orientation to 6 months. Orientation programs are usually offered once a year and are highly sought after by associate degree- and baccalaureate-prepared nurses. The cost to educate, train, and evaluate the skills of new RNs can vary from \$20,000 to \$50,000 (Reiter, Young, & Adamson, 2008).

With the continually changing healthcare environment and increasing complexity of patient care, the main goal of every orientation program should be consistency. Orientation helps the RN to matriculate into the hospital and specific nursing department if policies, procedures, standards of practice, and expectations are clearly and consistently outlined. The orientation process should be reflective of the hospital's mission, vision for the future, objectives, and goals.

Problem Statement

Due to the acuity of hospitalized patients and the complexity of the typical acute care hospitals, creating a strong orientation is vital (Goode, Lynn, Krsek, & Bednash, 2009). Nurses must be able to assess, quickly prioritize, think critically, and apply current knowledge when caring for emergent, nonemergent, acute, or chronically ill patients. Benner, Hughes, and Sutphen (2008) noted that critical reasoning is a process whereby knowledge and experience are applied in considering multiple possibilities to achieve desired goals while considering the patients' direct and indirect plans of care.

The problem to be addressed by this project is that new graduate nurses and nurses transitioning to specialty units have different orientation needs, but many hospitals do not offer transitional residency orientation programs specifically for nurses returning to the profession or wishing to move from generalized nursing units into specialty units. The concern of the DNP project is to identify from the literature best practices for orienting experienced nurses into specialty units and comparing these practices to a newly implemented transitional orientation program and a general orientation program.

Purpose Statement

The purpose of the project is to describe, compare, and evaluate the structures and processes of an existing generalized orientation program and a new transitional orientation program in a pediatric hospital in the Southwest. This urban hospital is a large pediatric tertiary hospital. The project objective will be to evaluate the structure of the transitional orientation program implemented in the hospital within the last year in light of the best practices articulated in the literature. The variables upon which data will be

collected for the analysis include classroom time; preceptor selection, duties, and time commitment; mentor identification and duties; orientation, debriefing, and assessment methods; and total length of orientation. It is expected that changes to the structure of the transitional orientation program will be recommended as a part of this program evaluation. Implementation of any recommendations will be outside the scope of the DNP project.

Nature of the Doctoral Project

Nurse leaders have acknowledged that the greatest challenge to hiring and orienting nurses into specialty areas is that there are no established guidelines to follow. If there are no specific hiring requirements other than being an RN and no defined curricula, new graduate nurses and transitioning RNs are likely to have a problem matriculating successfully into critical care units. The information that an RN is expected to know, responsibilities, and the pediatric hospital's need for high-level prioritization skills can be overwhelming for any nurse in orientation, but especially for nurses moving into specialty units. In the United States, new graduates transitioning to the role of a registered nurse experience stress that often leads to high turnover; for example, the emergency department (ED) turnover rate for new graduates has been estimated at 53% within the first year (Sewell, 2008).

A challenge faced by new graduate nurses and RNs transitioning into a specialty unit is learning to practice independently (Keahey, 2008). Some hospitals are proposing mentor programs so that, when the new RN has a question, is getting overwhelmed, or needs advice, she or he has an identified person to contact. Other hospitals are using

journaling during orientation, where new graduates write down concerns or questions they may have, allowing the manager to respond early on. It is essential to identify why some new graduate nurses and experienced nurses are unable to complete orientation classes, transition effectively into specialty units, or transfer to different departments within a year of completing orientation. Factors affecting the successful immersion of an RN into a specialty unit include stress, high expectations from other staff nurses, nurse-to-patient ratios, high patient acuity, and inconsistency of preceptors. Sixty-six percent of new graduates leave or are transferred due to the emotional exhaustion experienced within the first year (Laschinger, Finegan, & Wilk, 2009). These issues should be examined when there is a high turnover rate, as failed orientations are costly for the hospital. If hospitals are unable to retain new graduate nurses, this can negatively impact quality of patient care and can be quite costly to hospitals (Twibell et al., 2012). Conversely, new graduates and experienced RNs in transitional orientation programs can be empowered by the hospital's education.

Significance

The project question is, How does a transitional orientation program for an experienced RN transitioning into a specialty unit need to be structured differently from a general RN orientation program?

The significance of this project is the pediatric hospital's need to determine the differences between and benefits of a transitional orientation for experienced nurses versus a generalized orientation program. Transitional programs are relatively new, and not all hospitals offer transitional programs with a focus on a certain specialty. Instead,

hospitals offer a generalized orientation program to new graduates and experienced nurses. Any new graduate or experienced nurse orienting to a pediatric hospital or a community hospital must possess the basic knowledge to be able to provide safe and competent care to patients, and the hospital must identify the content and most cost-effective and efficient way to prepare these nurses to work effectively in the specialty units.

Implications for Social Change in Practice

Just as nursing schools have a set curriculum, mandatory clinical rotations, and written tests to help instructors evaluate the nursing students' progress, hospitals should follow a structured orientation program with specific predetermined competencies that each new graduate and experienced nurse coming into the specialty units must demonstrate. Ulrich et al. (2010) found that 65% to 76% RNs lacked experience and basic clinical judgement and had difficulty transitioning to practice. Nurses moving into specialty areas often have a hard time applying orientation content to advanced clinical practice.

Introducing new graduate and experienced nurses into specialty areas should follow a structured orientation process to guide and assess learning. Classroom time and content, preceptor time, mentors, debriefing, and total length of orientation are factors that contribute to successful immersion into specialty nursing. Providing hospital expectations and creating a structured orientation program will enhance quality of care (Gavlak, 2007). If nurses under orientation are not confident with how they are oriented, this lack of self-confidence could translate into practice issues and compromise patient

safety. Incorrect documentation, medication errors or near misses, and delays in care have been noted as factors that affect patient safety (Spector & Echternacht, 2015). Additionally, the cost of orientation and high nursing turnover can negatively affect quality of patient care. The social change created by a consistent orientation program structure and processes will lead to better outcomes, including retention of nurses and decreased costs to the organization.

Assumptions and Limitations

The assumption is that experienced nurses orienting to specialty units will require an orientation program different than that given to new graduate nurses. Assumptions and limitations related to costs can define a program's success or failure. Structured, unit-based hospital orientations attract and retain graduate and experienced nurses. Traditional orientation programs range between \$8,000 and \$50,000, and the cost of creating a transitional orientation program must be taken into consideration. Comparing the structural needs of a general orientation to a transitional orientation program will present limitations. It cannot be assumed that a transitional orientation program will be structured with the same financial goals as the general orientation program. Many factors may influence the financial model, such as the nurse candidate selection process, the type and length of the curricula, the differing unit-specific competencies, the methods for verification of skills, and the program's success in retention of the nurses.

Risk management plays a huge role in many hospital initiatives, and experts should be consulted when changing an existing program or creating a new program. Risk management assesses and helps organizations mitigate risks (Alviniussen & Jankensgard,

2009). Patient safety can be compromised when level of skill and confidence are not assessed as part of a structured orientation program. Hospital investment may be a problem, but it is assumed that recommended best industry practices will be reviewed by the hospital managers as part of the continuing quality improvement process and cost-benefit considerations.

Definition of Terms

Debriefing: A process where individuals or groups can reflect on positive or negative experiences (Mangone, King, Croft, & Church, 2005).

General nursing orientation: When new nurses learn new skills and knowledge in a new environment (Charleston, Hayman-White, Ryan, & Happell, 2007).

Mentors: Experienced nurses, current on practice standards, who can provide support to new graduates and preceptors (Fox, 2010).

Preceptors: Strong clinicians who demonstrate positive attitude and enthusiasm, work well under pressure, and have an ability to teach clinically (Clipper & Cherry, 2015).

Simulation: Instructors put students into a controlled environment to simulate real patient scenarios. Mannequins equipped with high-end technology are able to exhibit breathing, heart rates, lung sounds, and verbal responses much like a real patient.

Specialty unit: Specialty nursing units focus on caring for acutely or critically life-threatening problems (American Nurses Association [ANA], 2015b).

Transitional nurse: A licensed registered nurse with at least 1 year of experience.

Transitional nursing orientation: A newly designed program offered in some hospitals for experienced nurses with varied backgrounds orienting to a specialty unit.

Summary

The focus of this project is to determine the differences between and benefits of transitional and general orientation programs, how they compare to best practices, and what recommendation from the literature can benefit continuous quality improvement in nurse orientation. The length of orientation, unit-specific competencies, and support from mentors and hospital and nursing management are essential in achieving successful transition. While a general and transitional orientation may have different benchmarks for success, the newly hired nurse must attain the skills and confidence necessary to transition successfully into specialty areas. The cost of orientation will always be a factor in hospital-based nurse education. Mitigating loss of revenue and reducing turnover of newly hired nurses will be important measures of the program's success.

Section 2: Review of Scholarly Evidence

Introduction

The purpose of my project is to describe the structure and process of an existing generalized and new transitional orientation program at a pediatric urban hospital in the Southwest. This section of the proposal will present and review the literature on best practices related to general and transitional orientation programs. The general literature on orientation programs will be presented to determine which factors are most successful for transitioning nurses from nursing school and other areas of RN practice. A summary of the articles that support the project is provided. The Donabedian model is a conceptual model that assesses quality of care and measures structures, process, and outcomes; Benner's novice-to-expert theory will be presented as the theoretical framework.

Specific Literature

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) database was used to search for specific literature related to nursing orientation. Search terms were *nursing orientation, general orientation programs, new graduate orientation programs, developmental skills, critical thinking, orientation by specialty, competence, developing critical thinking skills, factors for success, and orientation length*. Combinations of these search terms were also used.

New nurses and nurses with experiences in other areas of nursing who are not familiar with critical care nursing are both considered novice nurses. Benner's theoretical framework on clinical competence notes that the ability to prioritize and think critically has not yet been cemented for novice nurses, which is why there is a need for a strong

and consistent hospital orientation program. Benner's novice-to-expert theory is a model that describe how nurses acquires knowledge and clinical competency. Benner's theory has five stages of clinical competence: Novice, advanced beginner, competent, proficient, and expert. If a strong foundation has not been built, new and inexperienced nurses will struggle with meeting Benner's timeframe of novice to expert; confidence and the ability to function independently could be questioned not only by themselves but also by other unit nurses. One of the quality indicators outlined by the National Database of Nursing Quality Indicators (NDNQI) is to focus on educating nurses, as this directly relates to increased safety for patients (Montalvo, 2007). Providing quality of care is the national standard, and hospitals with structured general and transitional orientation programs have nurses who practice with confidence. A survey conducted by an outside company assessing hospitals' new graduate orientation programs found out that only 10% of all new graduates felt confident to provide safe care (Dyess & Sherman, 2009).

Historically, recent RN graduates were not hired into specialty units; however, applications from experienced RNs to move to specialty units is also limited (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013). Baby Boomers account for 73% of the nursing profession and plan to retire within three years, leaving a nursing shortage. High turnover rates can be attributed to nurse burnout and stress and have led many hospitals to reevaluate orientation and recruitment of new hires (Theisen & Sandau, 2013). Recruitment and retention of new graduates need to be continually assessed by organizations to ensure that quality care is being administered to patients (Scott, Engelke, & Swanson, 2008). The first years of practice are the most pivotal in retention of nurses

and professional satisfaction, but with limited research, it is hard to fund extended nursing internships and orientations (Scott et al.).

Another factor is current recruiting strategies for finding qualified new graduates. The HR department must sift through applications when the hospital advertises a residency or a new graduate orientation program. The hiring criteria for hospitals vary, but the basic requirements are that RNs have graduated from an accredited school with a preferred bachelor's degree in any field and hold a current certification in CPR. An applicant's resume, letters of recommendation, letter of intent, cover letter, and, depending on the hospital, a basic life support (BLS) or pediatric advanced life support (PALS) certification are required for application. Retention rates of nurses and ease of matriculation into a specialty unit can often be a direct reflection of the recruitment process and new employee selection program.

General Literature

The literature describing general orientation is extensive. The literature comparing a general orientation to a transitional orientation program is sparse. The literature about orientation of nurses with some experience transitioning to specialty units is virtually nonexistent. Currently, there are no articles on transitional orientation programs for RNs with experience. This project may help to fill the current gap in the literature related to transitional orientation programs.

Regardless of the gap in the literature regarding the structure, process, and outcomes of transitional orientation for experienced RNs, some hospitals are now offering two types of orientation programs: One for new graduate RNs and one for

experienced nurses. The new graduate and experienced nurse transitioning to specialty care are still considered novice nurses, as they have not been trained or educated for the nursing care they will be providing in the specialty units. Although the structure and length of a generalized orientation compared to a transitional orientation program may vary, the goal of both programs remains the same, in that the nurse is expected to practice independently in the setting and with confidence at the end of the orientation. High turnover rates can be attributed to lack of orientation structure, leading health care educators and leaders to reexamine what competencies are needed for nurses to succeed (Theisen & Sandau, 2013).

Great nurses have the ability to assimilate information rapidly, have astute assessment skills, eliminate distracters, and maintain control of family members and other patients, all while caring for patients. A proficient nurse is able to perceive a situation and see the entire picture and uses experience to guide critical thinking and clinical practice (Benner, 1984a, 1984b). The deficits of nurses who lack skill or confidence are easily recognizable. Novice nurses lack experience on which to fall back, are unable to critically think, have poor communication skills, and are unable to handle stress in a fast-paced environment (Theisen & Sadau, 2013). These competencies may seem overwhelming for any new or transitioning nurse to grasp within 3 to 6 months of orientation, but with the proper guidance from preceptors, support from management, and hospital-based additional education, they could be attained.

How preceptors are chosen, including their experience level, level of commitment, and knowledge level, is important. Preceptors lay the foundation for how

well nurses acquire basic and unit-specific skills, assimilate into unit-specific departments, and continue to grow as a nurse long past their orientation. Preceptors are experienced nurses who have shown the ability to think critically, are clinically proficient, have strong leadership skills, and understand the importance of teaching by using policies and procedures (ANA, 2015a). The hospital's education department usually oversees the orientation programs and ensures that nurses under orientation are assigned a preceptor. While many hospitals try to keep nurses orienting to specialty units with one preceptor during the entirety of the orientation, other hospitals feel that having more than one preceptor makes the nurses well rounded. Assignment of more than one preceptor also can occur due to conflicting schedules, not having the number of preceptors necessary for the nurses under orientation, and whether nurses are working 8-hour or 12-hour shifts. Having more than one preceptor can be difficult, as expectations vary, and variation in educating can affect level of confidence and how new graduates practice independently. It also can result in a chaotic orientation and lack of job satisfaction.

Basic nursing skills and unit-based clinical nursing competencies are two different things that all nurses orienting to a specialty unit need to master. Patients presenting to specialty units come with complex disease processes, which require a high level of nursing knowledge and skilled care. The units throughout the hospital must define expected nursing skills. Nursing skills are psychomotor skills that range from intravenous insertion, to calculating drip rates, to maintaining professional rapport with patients and families. While competency assessment is always outcome oriented, the goal is to assess

the performance of orienting nurses. An example would be correct management for post-catheterization patients. The required competencies on a specialty unit are that nurses must be able to demonstrate the ability to assimilate information quickly, be proficient in skill, and have the ability to think critically (Baxter, 2010). Nurses orienting to a specialty unit need to learn how to manage correctly critical patients post-catheterization, which includes how to accurately report for both oncoming and off-going nurses. The correct procedure is to check that pedal pulses are present in both extremities and to ensure that there are not hematomas present in the groin where the sheath was placed. These skills must be taught and assessed for the correct understanding and application of the procedure.

Adult learners assimilate new information through visual, audio, kinesthetic, and mixed-method presentations. Although it is hard to prepare novice nurses for every situation, simulation helps to develop critical thinking skills. Nurse educators have pointed out that, if new graduate nurses are not provided with a structured orientation program and are not given the opportunity to practice critical thinking, then the new graduate has not failed—it is the hospital and leadership team who have failed the new graduate (Kaddoura, 2010). One way to cover learning styles is through use of simulation coupled with didactic content. Simulation is widely used to help students, nurses, and doctors increase confidence and practice in a safe environment.

Some of the factors to be considered when orienting new graduates and nurses transitioning into a specialty unit are length of orientation and program alignment.

Educational backgrounds, demonstration or understanding of skills, and confidence levels

all vary with nurses entering into a specialty (Scott et al., 2008). Hospitals determine length of orientation based on tradition or outcomes, but length can vary from 3 months to 1 year. General orientation includes PowerPoint lectures, discussions, and simulation to improve skills in a learning environment. Competent nurses provide support and guidance to novice nurses with fewer than 2 years of experiences as outlined by Benner's theory (Friedman et al., 2013). A general RN orientation program is normally taught by physicians, master's-prepared nurse educators, and guest speakers (Patterson, Bayley, Burnell, & Rhoads, 2010).

Other factors that will be considered in the comparison of general and transitional orientations will be if and how orienting nurses are assigned preceptors and mentors. While some hospitals use preceptors as mentors after the orientation period has ended, other hospitals assign both preceptors and mentors. A mentor is someone who motivates, encourages, listens to, and provides direction, while a preceptor demonstrates, educates, and evaluates the new graduate. Preceptors assume the responsibility for educating new graduate nurses by assessing current knowledge, clinical skills, and ability to think critically. Difficulty in finding qualified preceptors is a reason specialty units prefer using only one preceptor during the entire orientation. Selecting nurses who would be good mentors and/or preceptors and who accept that role is often a factor in the prediction of a successful orientation program (ANA, 2015a). However, it is not uncommon for a nurse orienting to a specialty unit to have more than one preceptor due to scheduling conflict or not enough qualified preceptors. Finally, the ratio of nurses under orientation cannot outweigh that of experienced nurses on specialty units, as this would compromise patient

safety, along with the quality and effectiveness of orientation. Even after orientation, managers should continue to create a welcoming environment, verbalize contributions made by all of the staff nurses, and continue helping the nurses' transition from advanced beginner to expert nurse (VanWyngereen & Stuart, 2015).

Concepts, Model, and Theories

Hospitals looking to improve quality of patient care utilize evidence-based practice in which to frame and address questions (Pipe, Wellik, Buchda, Hansen, & Martyn, 2005). Donabedian's model of structure, process, and outcomes will be the conceptual model that will help facilitate the conduct of the project, while Benner's novice-to-expert theory will be used as the nursing theoretical framework.

In 1966, Donabedian created a conceptual model for assessing quality of care (Huddleston, 2014). A hospital's mission statement and vision are a conceptual and operational framework through which the hospital measures quality of care (Donabedian, 2005). Donabedian's model assesses quality of health care by creating the structure, process, and outcome model known as the triad (Donabedian, 2003).

Donabedian's conceptual model can be broken down into its three concepts for facilitation of the project evaluation. Structure can be defined as an organizational setting that provides tools and resources the organization has at its disposal and the physical and organizational setting in which employees work (Donabedian, 1980). The structure of nursing care is based on orientation, classroom time, preceptor(s), mentor(s), total orientation time period, and debriefing. The process can be linked to how novice nurses collaborate among intra/interdisciplinary teams. Part of the orientation process is to

strengthen the novice nurses' ability to assess, diagnose, plan, implement, intervene, and evaluate (ADPIE) as it relates to specialty units. The ADPIE acronym is the foundation from which all nurses deliver patient-focused care (ANA, 2015b). In a specialty unit, learning how to refine and hone assessment skills is the first step in delivering care. Diagnosis is the ability to perceive actual or potential needs of the patient. Planning is the phase where nurses in specialty areas prioritize care based on short- and long-term goals. Based on the goals of the provider and patient, a nursing care plan is created and implemented. Finally, evaluation is a continual and ongoing process. Outcomes can be related to the entire orientation process from start to finish. Donabedian (2003) believed that either positive or negative outcomes in patients can be attributed to delivery of health care.

The proposal question is about understanding how a transitional orientation program into a specialty unit must differ from a general orientation program to promote quality. Quality of care provided by a novice nurse in a specialty unit can best be evaluated by assessing the overall structure of the orientation program. Positive patient outcomes can often be attributed to formalized processes and structures (Huddleston, 2014).

Benner's novice-to-expert theory is the nursing theoretical framework that will give support to Donabedian's quality of care assessment conceptual model. Benner (1984b) believed that the ability to apply skill and knowledge could be obtained through education and experience. The five stages of clinical competence are novice, advanced

beginner, competent, proficient, and expert. These stages are based on the idea that clinical competency is a process that is learned over time (Nursing Theory, 2015).

The first stage of Benner's theory notes that novice nurses are task oriented, have no experiences from which to draw, and, therefore, require constant supervision. The only nursing experiences of a new graduate RN in a general orientation program are those directly related to nursing clinical rotations in school. However, in a transitional orientation program, the experienced RN has practice experiences from which to draw but is still considered a novice, because s/he does not have the skill or knowledge necessary for the specific specialty unit. Research shows that experienced nurses have developed an intuitive knowledge over years of practice as it applies to caring for patients (Acebedo-Urdiales, Medina-Noya, & Ferre-Grau, 2014).

The second stage of Benner's theory notes that the advanced beginner has started to gain experiences and requires minimal supervision. The RNs in both the general and transitional orientation program may or may not be on similar paths. The transitional nurse may begin to assimilate information faster than the new graduate and may be seen assuming independent care of patients sooner.

The third stage relates to the competent nurse. In this stage, the nurse has worked in the same or similar area for 3 years or more and is able to provide effective and competent care. Depending on the mentor(s) and the length of orientation, both nurses from the general and transitional orientations may be seen practicing with confidence during this stage.

The fourth stage of Benner's theory notes that the proficient nurse has the ability to visualize the entire picture and can see short- and-long term goals. As the transitional nurse continues to gain experience, s/he may draw on past practice and on previous training, allowing an ability to see the entire patient from a different perspective. The nurse in general orientation may continue to hone competencies from experiences in that specialty only.

The last stage of Benner's theory notes that the expert nurse is fluid, flexible, and highly proficient (Benner, 1984b). Benner did not specify a timeframe of when nurses should transition from one stage to the next; however, the phases of transition can be seen in how RNs think and practice. The level of clinical skill and critical thinking, reliance on past experiences to guide patient care, and confidence in practice are what define how RNs transition from novice to expert.

Relevance to Nursing Practice

Historically, recent RN graduates were not hired into specialty units; however, applications from experienced RNs to move to specialty units is also limited (Friedman et al., 2013). Nursing shortages and high turnover rates have led many hospitals to reevaluate orientation and recruitment of new hires (Theisen & Sandau, 2013). Recruitment and retention of new graduates need to be continually assessed by organizations to ensure that quality care is being administered to patients (Scott et al., 2008). The ability to develop and fund extended nursing orientation programs would influence satisfaction and retention of new graduate nurses in the first year of practice (Scott et al.).

Another factor is current recruiting strategies for finding qualified new graduates. HR managers must sift through the large influx of applications when the hospital advertises a residency or a new graduate orientation program. The hiring criteria for hospitals vary, but the basic requirements are that RNs have graduated from an accredited school with a preferred bachelor's degree in any field and hold a current certification in CPR. An applicant's resume, letters of recommendation, letter of intent, cover letter, and, depending on the hospital, a BLS or PALS certification are required for application. Retention rates of nurses and ease of matriculation into a specialty unit can often be a direct reflection of the recruitment process and new employee selection program.

Local Background and Context

The literature describing a general orientation is extensive. General orientation programs are termed nursing residency programs, transition to practice for new graduate RNs, or orientation for nurses transitioning into practice. The literature comparing a general orientation to a transitional orientation program is sparse. The literature about orientation of nurses with some experience transitioning to specialty units is virtually nonexistent. Currently, there are no articles on transitional orientation programs for RNs with experience. This project may help to fill the current gap in the literature related to transitional orientation programs.

Regardless of the gap in the literature regarding the structure, process, and outcomes of transitional orientation for experienced RNs, some hospitals are now offering two types of orientation programs: one for new graduate RNs and one for experienced nurses. The new graduate and experienced nurse transitioning to specialty

care are still considered novice nurses, as they have not been trained or educated for the nursing care they will be providing on the specialty units. Although the structure and length of a generalized orientation compared to a transitional orientation program may vary, the goal of both programs remains the same, in that the nurse is expected to practice independently in the setting and with confidence at the end of the orientation. Health care leaders must examine orientation structure and competencies needed for new graduate nurses to succeed, which would increase nursing satisfaction and decrease turnover rates (Theisen & Sandau, 2013).

A great nurse has the ability to assimilate information rapidly, has astute assessment skills, eliminates distracters, and maintains crowd control when there is chaos in caring for patients. High-quality nursing comes from promoting and developing the nursing profession (Zhang, Lui, Ren, Lui, & Zhang, 2013). A proficient nurse is able to perceive a situation as a whole and uses experience to guide critical thinking and clinical practice (Benner, 1984b). Nursing skill deficits, poor communication, and inability to prioritize or think critically due to inexperience are recognizable in novice nurses who lack confidence (Theisen & Sadau, 2013). These competencies may seem overwhelming for any new or transitioning nurse to grasp within 3 to 6 months of orientation, but, with the proper guidance from preceptors, support from management, and hospital-based additional education, they could be attained.

How preceptors are chosen, including their experience level, level of commitment, and knowledge level, is important. Preceptors lay the foundation for how well nurses acquire basic and unit-specific skills, assimilate into unit-specific

departments, and continue to grow as nurses long past their orientation. Preceptors have a strong ability to think critically, are clinically proficient, have strong leadership ability, and understand the importance of teaching by using policies and procedures (ANA, 2015a). The hospital's education department usually oversees the orientation programs and ensures that nurses under orientation are assigned a preceptor. While many hospitals try to keep nurses orientating to specialty units with one preceptor during the entirety of the orientation, other hospitals feel that having more than one preceptor makes the nurses well rounded. However, assignment of more than one preceptor also can occur due to conflicting schedules or not having the number of preceptors necessary for the nurses under orientation. Having more than one preceptor can be difficult, as expectations vary, and variation in educating new graduates can affect level of confidence and how they practice independently. It also can result in a chaotic orientation and lack of job satisfaction.

Role of the DNP Student

Basic nursing skills and unit-based clinical nursing competencies are two different aspects that all nurses orienting to a specialty unit need to master. Patients presenting to specialty units come with complex disease processes that require a high level of nursing knowledge and skilled care. The units throughout the hospital must define expected nursing skills. Nursing skills are psychomotor skills that range from intravenous insertion, to calculating drip rates, to maintaining professional rapport with patients and families. While competency assessment is always outcome oriented, the goal is to assess the performance of orienting nurses. An example would be correct management for post-

catheterization patients. The required competencies of nurses on a specialty unit are that they “demonstrate that they can integrate knowledge, skills, and critical thinking consistently to meet established standards of performance” (Baxter, 2010, p. 15). Nurses orienting to a specialty unit need to learn how to manage critical patients post-catheterization, which includes how to accurately report for both oncoming and off-going nurses. The correct procedure is to check that pedal pulses are present in both extremities and to ensure that there are not hematomas present in the groin where the sheath was placed. These skills must be taught and assessed for correct understanding and application of the procedure.

Adult learners assimilate new information through visual, audio, kinesthetic, and mixed-method presentations. Although it is hard to prepare novice nurses for every situation, simulation helps to develop critical thinking skills. It is not realistic to expect new graduate nurses to have strong clinical skills and ability to think critically in an environment that has not provided formalized instruction (Kaddoura, 2010). One way to cover learning styles is through use of simulation coupled with didactic content. Simulation is widely used to help students, nurses, and doctors increase confidence and practice in a safe environment.

Some of the factors to be considered when orienting new graduates and nurses transitioning into a specialty unit are length of orientation and program alignment. Educational backgrounds, demonstration or understanding of skills, and confidence levels all vary with nurses entering into a specialty (Scott et al., 2008). Hospitals determine length of orientation based on tradition or outcomes, but lengths can vary from 3 months

to 1 year. General orientation includes PowerPoint lectures, discussions, and simulation to improve skills in a learning environment. Competent nurses provide support and guidance to novice nurses with fewer than 2 years of experiences as outlined by Benner's theory (Friedman et al., 2013). The curricula of a general RN orientation program are typically taught by physicians, master's-prepared nurse educators, and guest experts (Patterson et al., 2010).

Other factors that will be considered in the comparison of general and transitional orientations will be if and how orienting nurses are assigned preceptors and mentors. While some hospitals use preceptors as mentors after the orientation period has ended, other hospitals assign both preceptors and mentors. A mentor encourages, answers questions, and provides feedback, while a preceptor primarily demonstrates, validates, and evaluates the new graduate nurse (Baxter, 2010). Preceptors assess knowledge and skills through observation to identify any gaps in knowledge (Robitaille, 2013). Difficulty in finding qualified preceptors is a reason specialty units prefer using only one preceptor during the entire orientation. Selecting nurses who would be good mentors and/or preceptors and who accept that role is often a factor in the prediction of a successful orientation program (ANA, 2015a). However, it is not uncommon for a nurse orienting to a specialty unit to have more than one preceptor due to scheduling conflict or not enough qualified preceptors. Finally, the ratio of nurses under orientation cannot outweigh that of experienced nurses on specialty units, as this would compromise patient safety, along with the quality and effectiveness of orientation. Even after orientation, managers should continue to create a welcoming environment, verbalize contributions

made by all of the staff nurses, and continue helping the nurses' transition from advanced beginner to expert nurse (VanWyngereen & Stuart, 2015).

Summary

The CINAHL database was used for the specific and general literature searches using key words. Searching different aspects of the orientation process helped to decipher factors that can positively or negatively affect the success rates for orientation programs. Donabedian's model on structure, process, and outcomes is widely recognized and has been used in evaluating health care systems for over 4 decades (Schmalenberg & Kramer, 2008). Benner's novice-to-expert theory will be used in conjunction with Donabedian's model, as it is useful in determining stages of clinical competence. Benner's theory assessing knowledge base and ability to provide holistic, competent care in a clinical setting is key to understanding a nurse's skill acquisition (Adiong, 2014).

Business intelligence is when hospitals incorporate a framework in which to operate a new or revised program such as RN orientation. When frameworks are not utilized in program planning, the data can be considered as not reliable. A hospital's vision can be narrowed when individual departments only look at their own operational metrics. Using Donabedian's model and Benner's theory will define the organization's approach to nurse orientation as it relates to data across operational and financial areas (Schiffman, 2010).

Section 3. Approach

Introduction

The purpose of my project was to describe the structure of an existing generalized orientation program and a new transitional orientation program in a pediatric hospital in the Southwest. This section of the project includes a discussion of the design and methods that were used to determine the differences in orientation needs between a transitional orientation and a general orientation program. The data collection process and the evaluation plan are presented.

Practice-Focused Question

This cross-sectional descriptive project was conducted with an already existing generalized orientation and a transitional orientation program, where the variables were not manipulated. I analyzed the structure, process, and outcomes of the two already existing programs. This urban hospital offered its first transitional orientation to nurses with more than 1 year of experience. I observed and compared the differences between a transitional RN orientation to a specialty unit and a general RN orientation. The project data collection involved working closely with the education team and assessing and compiling data from each type of orientation program. The data that were collected and analyzed included classroom time, mentor selection and time, preceptor selection and time, debriefing, and total length of orientation time.

Sources of Evidence

The practice setting was a Level-one pediatric trauma hospital located in the heart of the Southwest. This urban hospital was a large teaching hospital with six floors and

350+ beds. The urban hospital specialized in a wide range of areas: Adolescent medicine bone marrow/research immunology, cardiology, clinical immunology/allergy, dermatology, emergency/transport medicine, endocrine/metabolism, gastroenterology/nutrition, hematology-oncology, hospital medicine, infectious disease, medical genetics, neonatology, nephrology, psychiatry, pulmonology, rehabilitative medicine, rheumatology, and research on children, youth, and families.

The medical surgical units were located in one building. The medical surgical units dealt strictly with medical surgical patients, while the other units took care of patients dependent on ventilators. This pediatric hospital has one of the largest ventilator programs in the U.S.

The specialty units were located in the main hospital building. The ED is located on one floor, while the other specialties were spread throughout the main hospital. The other specialties included the heart institute, the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU), hematology, oncology, and the bone marrow transplant (BMT) unit and solid organ transplant.

I analyzed both orientation programs to determine how nurses would be oriented to specialty units. Specialty units required considerable time to assimilate new information and hone assessment skills. How new and experienced nurses under orientation successfully matriculate into specialty units has been linked to how they were taught to think critically and prioritize when caring for patients who present with complex diseases. The general orientation program had 181 RNs, and there were 70 RNs in the transitional orientation program. The total number of RNs was 251.

The data collected focused on all aspects of the orientation process. I inquired from the HR department regarding how new graduates were initially recruited, if there were any specific hiring criteria or requirements, and the interview process. The basic requirements for most hospitals are to submit current transcripts, two letters of recommendation, and a copy of an up-to-date CPR certification. Other hospitals required cover letters and a letter of intent as part of their application process.

Data on classroom time, preceptor selection and time, mentor selection and time, debriefing, and total length of orientation were collected for both programs as part of the data analysis. Data collected pertained to current retention strategies and numbers.

Analysis and Synthesis

The data that I collected came from the hospital's HR department, the education department, and each of the specialty units. The data were described in the final paper narrative and are presented in both charts and summary tables (see Section 4).

Theories and models are frameworks that are used to help program planners think beyond just the patients. Finding the right model and framework through which to evaluate the program's effectiveness and success was very important. The Donabedian model of assessing quality of health care services and Benner's novice-to-expert theory were applicable for project comparison of the transitional orientation program and the general orientation program. In order for any program to be sustained, it must be supported internally.

The evaluation focused on how the transitional orientation program for experienced RNs transitioning into a specialty unit was different in structure, process, and

outcomes from the general orientation program. The application process, curriculum, preceptor selection and time, mentor selection and time, debriefing, and length of orientation were all types of data that were collected and compared. Project outcomes included retention rates from each program, nurses' satisfaction data, and the end-of-orientation level of orientation competence based on Benner's novice-to-expert theory.

Summary

The purpose of this project was to compare a transitional orientation program into a specialty unit to a general orientation program in a large pediatric hospital. New and experienced nurses orienting to a specialty unit were considered novices as they lacked critical thinking skills pertaining to that unit. Creating a strong orientation into a specialty unit is crucial, and, if education, skills, and critical thinking are not cemented early, decreased length of employment, self-confidence, and ability to practice independently are factors that will affect the nurse, hospital, and the nursing departments adversely. In order to create safe and competent nurses, there must be a collaborative effort by nursing management and hospital administrators with support from Emergency Nurses Association and Critical Care Nurses Association guidelines on how to educate experienced nurses into specialty units using a set blueprint of required skills, much like the state boards of nursing have set forth competencies for all nursing school programs.

The Donabedian model of assessing the quality of care looked at structure, process, and outcomes. Benner's theoretical framework had five stages of clinical competency (novice, advanced beginner, competent, proficient, expert) that could only be achieved through education and experience. The hospital's operational definition of

quality of care and clinical competency is how to evaluate the project outcomes. The products of this project are a table format comparing the current structure of the traditional orientation program and the new transitional orientation program (see Section 4). The second table illustrates best practices for a transitional orientation program as found in the literature (see Section 4). The third deliverable is a list of recommendations for changes to the existing programs. The fourth deliverable is an evaluation plan that considers financial outcomes and turnover. The actual acceptance and implementation by the hospital of any of the recommendations will occur after the completion of the DNP program and will depend on the organizational objectives of the pediatric hospital in the Southwest.

Section 4: Findings and Recommendations

Introduction

The purpose of my project was to describe the structure and outcomes of an existing generalized orientation program and a new transitional orientation program in a pediatric hospital in the southwest United States. The findings compare the programs for RNs with and without experience who are transitioning to or starting in a specialty unit. This section of the paper will present these findings and implications, recommendations, strengths, and limitations of the project.

Findings and Implications

The data from an already existing general orientation program were compared to those of a new transitional orientation program. The demographics for the generalized orientation and transitional orientation programs were taken from the August 2015, February 2016, September 2016, and March 2017 orientation groups. The generalized orientation program had 181 RNs, and the transitional orientation program had 70 RNs, for a total of 251 RNs over 20 months.

The general orientation program enrolled more males than the transitional orientation program (8.84% compared to 4.29%), but both programs enrolled a large majority of women. The groups were diverse: 44% of the general orientation group and 45.71% of the transitional orientation group were Caucasian. The general orientation group had 74% of nurses with Bachelor's degrees compared to the transitional orientation group with 57%. The general orientation program compared to the transitional orientation program had a higher percentage of nurses 20 through 30 years of age (80% compared to

71%). While in the general orientation program 98% of the RNs had previous nursing experience between 0 and 2 years, 80% of the experienced nurses in the transitional orientation program had 3 to 5 years of nursing experience. See Table 1.

Table 1

Nursing Demographics Variables

| Variable | | Number of New Graduates | Number of Transitional Nurses |
|---------------------------|-------------------------------------------|-------------------------|-------------------------------|
| Sex | --Male | N=15 (8.84%) | N=3 (4.29%) |
| | --Female | N=165 (91.16%) | N=67 (95.71%) |
| Race | --African American | N= 6 (3%) | N=4 (5.71%) |
| | --Hispanic | N=48 (27%) | N=14 (20%) |
| | --Asian American | N=42 (23%) | N=14 (20%) |
| | --Caucasian/White | N=79 (44%) | N=32 (45.71%) |
| | --Multiracial | N=3 (2%) | N=2 (2.86%) |
| | --Other | N=2 (1%) | N=4 (5.71%) |
| Ethnicity | --Hispanic/Latino | N=32 (26.89%) | N=8 (26.67%) |
| | --Non-Hispanic or Latino | N=87 (73.11%) | N=22 (73.33%) |
| Highest Education Level | --Diploma | N=1 (1%) | N=1 (1%) |
| | --Associate Degree | N=5 (3%) | N=19 (27%) |
| | --Accelerated Bachelor of Science Program | N=26 (14%) | N=8 (11%) |
| | --Bachelor's Degree | N=129 (74%) | N=40 (57%) |
| | --Accelerated Master of Science Program | N=5 (3%) | N= 0 (0%) |
| | --Master's Degree | N=15 (8%) | N=2 (3%) |
| Certifications | --BLS | Unable to obtain | Unable to obtain |
| | --ACLS | | |
| | --PALS | | |
| Additional Certifications | --Fire Card | Unable to obtain | Unable to obtain |
| | --AB508: CPI/MAB | | |
| Age in Years | --20-30 | 80% | 71% |
| | --31-40 | 18% | 21% |
| | --41-50 | 2% | 4% |
| | --51-60 | 0% | 4% |
| | --60+ | 0% | 0% |
| Years as RN | --0-2 | 98% | 34% |
| | --3-5 | 1% | 80% |
| | --6-10 | 0.5% | 15% |
| | --11-20 | 0% | 1% |
| | --21-30 | 0.5% | 2% |
| | --31-40 | 0% | 2% |
| | --41-50 | 0% | 0% |

The HR hiring requirements for the general orientation program applicants took 3 to 4 months, while the transitional orientation program applicants took one or two interviews. The current retention rate of the general orientation program is 68%, while the transitional retention rate is 90%. The cost of the transitional orientation program is \$50,000 compared to the generalized orientation program, which costs \$25,000 to \$30,000. See Table 2 for the data on hiring requirements, retention information, and orientation costs.

Table 2

Evidence Table - Hiring Requirements

| | General Orientation | Transitional Orientation |
|----------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Interview Process/Length | 3-4 months Application packet Speed screen evaluation Some units will have additional staff interviews | Varies by unit 1-2 interviews lasting one-hour each |
| Hiring Criteria | BSN Minimum GPA 3.0 < than 1 year experience as RN in any capacity RN license before start of program | Minimum 1 year experience as an RN BSN or ADN with bachelors in other field Must be making specialty transition to qualify for program |
| Hiring Requirements | Valid California license Clearance by Employee Health background check – HR may require more specific information | Valid California license Clearance by Employee Health background check – HR may require more specific information |
| Current Retention Strategy | Unit-dependent | Unit-dependent |
| Current Retention Number | 68% | 90% |
| Orientation Cost | Approximately \$50,000 | Approximately \$25,000-\$30,000 |

The classroom time for the generalized orientation program was a set of approximately 250 hours, while the transitional orientation program varied between 128 and 152 hours. The mentor time for the general orientation program was 8 hours, while the transitional orientation program mentor time was only 1 hour. The debriefing for the generalized orientation program was 7 hours, while the transitional orientation program was only 1 hour. The length of the orientation in the generalized orientation program was 22 weeks compared to the transitional orientation program, which was 12 to 16 weeks. See Table 3 for the data on classroom time, preceptor and mentor selection, mentor time, debriefing, and length of orientation.

Table 3

Evidence Table - Visual Presentation

| | General Orientation | Transitional Orientation |
|-----------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total Classroom Time | Approximately 250 hours | 128 hours (March 2017 Cohort) 152 hours (August 2015; February 2016; August 2016 cohorts) Core curriculum only Additional class time varies by unit |
| Preceptor Selection | Unit-dependent | Unit-dependent |
| Mentor Selection | Coordinated by residency Based on professional development assessment | Coordinated by residency Based on professional development assessment |
| Mentor Time | 8 hours | 1 hour |
| Debriefing | 7 hours | 1 hour |
| Length of Orientation | 22 weeks | 12-16 weeks |

Recommendations

Benner noted that the quality of nurses is often attributed to years of experience (Hill, 2010). Competent nurses usually have 3 to 5 years of experience and focus on possible outcomes for the patient versus completion of specific tasks. The implications for enrollment for the generalized orientation program could be to require a set number of years of practice. The hospital might be better served if the generalized orientation program were opened to all nurses with fewer than 5 years of experience. Nurses with fewer than 5 years of experience continue to need direction and mentoring and so should be allowed to enter the generalized orientation programs. The five stages of clinical competency are achieved by years of experience. Novice nurses who are not given an opportunity to enhance clinical skills in an environment in which to think critically and to pursue continuous education compromise quality of care. Donabedian believed that improving the structure, process, and outcomes of healthcare must be intertwined (Ayanian & Markel, 2016). If the hospital were able to provide opportunities to develop skills and education to nurses with fewer than 5 years of experience, then the retention rate might come closer to the retention rate of transitional orientation participants.

Contributions of the Doctoral Project

Currently, there is no literature that has been published with specific information related to the orientation of transitional RNs into a specialty unit that is different than general RN orientation. The nursing demographics, hiring requirements, and orientation-specific data collected in this project can have a major impact on the nursing profession

in how hospitals educate general RN and transitional RN orientation. The findings found in this project can be used to educate the next generation of nurses.

Strength and Limitations of the Project

This urban hospital has taken steps to be one of the first hospitals to create an orientation program specifically for transitioning nurses into specialty areas. This hospital has also created such a strong generalized orientation program that other hospital have followed suit in how to educate new graduates. To date, there is no literature on transitional orientations for experienced nurses going into specialty care units. Therefore, a strength of this study is that it examined these programs specifically at a hospital leading the way on these orientations to contribute to the literature in this area.

One of the limitations of this project was that additional certifications held by RNs could not be obtained from HR. As new graduate and transitional RNs apply for positions in a specialty unit, it would be important to determine what additional certifications they have, such as basic life support, advanced cardiovascular life support, or pediatric advanced life support. Additional certifications, such as having a fire card that ensures that the nursing applicant understands the importance of protecting and evacuating patients during a fire, would be useful to document in applications as well. Certifications are required by both the state and hospitals that educate health care providers working in the ED and psychiatric departments using de-escalation techniques. The two types of crisis prevention certifications that are recognized as acceptable by the state and hospital are crisis prevention intervention (CPI) and management of assaultive behavior (MAB). Many hospitals are now requiring that all health care providers who

interact with patients, regardless of department or specialty, take a course in de-escalation techniques yearly. Nurses with current certifications can be cost-effective for specialty units, and this would be important information for managers to consider when conducting interviews for new graduate and transitional nurses.

Nursing is changing dramatically, as Baby Boomers are starting to retire, and the largest generation now entering the workforce is millennials (Center for Generational Kinetics, 2017). The data collected from this urban hospital showed 80% of the nurses participating in the generalized orientation are between the ages of 20 and 30, while 71% of the nurses entering the transitional orientation program are in this age group. These data also showed that 98% of the RNs entering the new generalized orientation program and 34% of the nurses entering the transitional orientation program have between 0 and 2 years of experience. Nurses with 3 to 5 years of experience made up 1% of the new graduates' generalized orientation program group and 80% of the transitional orientation group participants. With the influx of new nurses, this hospital, like many others, will face challenges due to the loss of insight and experience that have been gained over several decades by older nurses (Faller, 2017).

Summary

The focus of this project was to compare a transitional orientation program into a specialty unit with a generalized orientation program in a large pediatric hospital. The data collected focused on the demographics, HR hiring requirements, and orientation program data. A suggested recommendation for the hospital would be to open the generalized orientation program to nurses with 5 years or fewer of nursing experience. A

strength of this project was adding to the literature about orientations specific for nurses transitioning into specialty units. A limitation of this project was that HR did not require specific certifications for new graduate or transitional RNs, so those data were not available. Finally, nursing care is rapidly changing, as new nurses are being employed and older, more experienced nurses are retiring. The demographic shift in hospitals creates additional challenges for ensuring that nurses transitioning to specialty units are prepared to practice confidently and competently without the help and mentoring of older and more experienced nurses on the unit.

Section 5: Dissemination and Analysis of Self

Dissemination

I hope to present my findings to the hospital so they will incorporate my findings and recommendations into future general and transitional RN orientation programs. In addition, project findings will also be presented using a variety of methods, such as oral presentations and posters, to other pediatric and adult hospitals, as this information is pivotal to the nursing profession. Lastly, I hope to publish my paper in the *Journal of Nursing Education* or *Journal of Nursing Administration*, which are professional managerial and administration journals.

Analysis of Self

This DNP journey has been 6 years in the making. As an advanced practice nurse, I have been given the opportunity to master the roles of scholar, practitioner, and leader. This project has afforded me an enormous opportunity to collect data on a preexisting program, which will help with the professional development of new graduate and transitional RNs.

As a Scholar

This project has strengthened my understanding of how a general and a transitional orientation program are structured. The problem focused on identifying how a general RN orientation program compared to a transitional orientation program to facilitate quality improvement. This project has been an exciting experience in that the evidence that has been collected will be the first to be published with regard to a specific transitional orientation program.

As a Practitioner

In order to enhance nursing practice on all levels, the advanced practice nurse must use conceptual models, as this is the foundation of nursing practice, knowledge, and service (Koskinen et al., 2012). The hospital's executive team will be looking to me for consultation, as I am an expert in my field with a specific focus on orientation of new RN graduates and transitional RN orientation programs. As a practitioner, I can help hospitals tailor the educational needs of transitional nurses based on the nurses' level of experience and education.

As a Leader

I have always worked with adult patients, yet my DNP project led me to work in a pediatric hospital. Effective leaders are able to work in a modern organizational structure, quickly adapt to new surroundings, and apply clinical skills and knowledge in complex and multifaceted situations. As a DNP leader, I have learned transformational changes are possible through education. The use of scientific knowledge is linked to safe nursing practice, quality of care, and delivery of best outcomes (American Association of Colleges of Nursing, 2006).

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