

**A QUALITATIVE EXPLORATION OF ORIENTATION:  
PERCEPTIONS OF NOVICE NURSES**

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**A QUALITATIVE EXPLORATION OF ORIENTATION: PERCEPTIONS OF  
NOVICE NURSES**

**by**

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## **ABSTRACT**

Orientation to novice nurses' first work experience marks the beginning of a very important part of their transition experience from student to practicing nurse. This naturalistic inquiry explores the experiences of seven novice nurses who have recently completed an orientation program for their first work experience. Participants in this study were employed in five different hospitals in St. John's, Newfoundland and Labrador, Canada. The novice nurses graduated with a Bachelor of Nursing (BN) degree in 2010 or 2011. A voice-centered relational method was used for data analysis. Most of the novice nurses felt prepared to assume the role of the nurse following the completion of the orientation program. Previous experiences during nursing school played an important role in how prepared novice nurses felt to begin their first work experience. Support from multiple mentors and co-workers were instrumental to the novice nurse transition experience. The findings of this research have implications for nursing practice, education and administration. Partnerships between schools of nursing and health care institutions with regards to the curriculum and selection of clinical placements for novice nurses can address many of the issues identified.

## **DEDICATION**

This thesis is dedicated to my family: my husband, Chris; my parents, Marilyn and Glenn Healey; and my brother Shane Healey. Thank you all for your unconditional love and support. Thank you for all of your sacrifices, for cheering me on when I was overwhelmed, and for keeping me motivated to finish. Finally, to my precious son, Cullen: the anticipation of your arrival was a great source of motivation for me to finish. Without each of you this work would not have been possible.

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To the novice nurses in this study – thank you for your time and willingness to participate. Without you sharing your experiences with me, this research would not have been possible. I wish you all successful and fulfilling nursing careers.

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## **Chapter 1. Introduction**

### **Introduction to the Issue**

Novice nurses' orientation to their first work experience marks the beginning of a journey into professional nursing practice. It is a very important part of their transition experience from student to practicing nurse, because it has the potential to influence both immediate and long term outcomes such as job satisfaction and retention (Delaney, 2003; Scott, Engelke, & Swanson, 2008). Workplace orientation programs help ease the transition by providing novice nurses with opportunities to gain hands-on experiences that may not have been obtained through clinical experiences during their nursing education and thus can positively affect staff satisfaction, retention, and patient outcomes (Starr & Conley, 2006).

Novice nurses are new to the profession and are often described as inexperienced as they transition into a new role during their first year of nursing practice (Duchscher, 2008; Goodwin-Esola, Deely, & Powell, 2009). The term "novice nurse" for this research project refers to new nurses who have finished a bachelor of nursing degree program, have one year of work experience or less, and who have been employed by Eastern Health for their first work experience as a nurse. These nurses are also referred to as graduate nurses until they pass their national registration exam to become Registered Nurses.

Eastern Health is the largest regional integrated health authority in Newfoundland and Labrador. Eastern Health extends from St. John's to Port Blandford and includes all

communities on the Avalon, Burin, and Bonavista peninsulas. Eastern Health employs 13,000 health care and support professionals and provides a variety of services ranging from hospital and acute health care to long term care and community health services. Eastern Health employs 3500 Registered Nurses and hires 130 novice nurses every year (Eastern Health, 2012a).

Novice nurses often experience considerable stress as they begin their nursing careers (Casey, Fink, Krugman, & Propst, 2004; Kramer, 1974; Nash, Lemcke, & Sacre, 2009; Newhouse, Hoffman, Suflita, & Hairston, 2007). They may face challenges as they adapt to their new jobs such as dealing with increased responsibility, time management, adjusting to shift work, and adapting to the culture of nursing. Their transition may be complicated by a nursing shortage and higher patient acuity and this may contribute to the stress they experience during their transition from student to professional nurse (Young, Stuenkel, & Bawel-Brinkley, 2008).

Today's health care system faces many challenges, including issues related to staffing, aging populations, and reduced funding (Beyea, von Ryen, & Slattery, 2007; Halfer & Graf, 2006; Young et al., 2008 ). The Canadian Nurses Association (CNA, 2009) estimates that if demographic and employment trends continue there will be a shortage of 60,000 Registered Nurses in Canada by 2022. The CNA (2009) commissioned a report to come up with solutions to eliminate this shortage. The recommendations included strategies such as increasing productivity by removing non-nursing tasks and increasing support staff, and reducing attrition rates in Bachelor of Nursing education programs by enhancing pre-admission requirements.

Health care institutions have begun to address the shortage of nurses by looking at alternative models of human resource planning for delivering health care. In 2012, Eastern Health adopted the Ottawa Hospital Model of Nursing Clinical Practice as a proposed solution to nursing shortages (Eastern Health, 2012b). This model was developed by nurses following the merger of six hospitals in Ottawa. This model organizes the delivery of nursing care with Registered Nurses (RN), Licensed Practical Nurses (LPN) and Patient Care Attendants (PCA) working to their full scopes of practice.

Nurse turnover is also a contributing factor to the staffing problems faced by the health care system (Kiel, 2012). Considerable resources are spent on recruiting, hiring and orienting new nurses. If these new nurses choose to leave their position to go elsewhere, this turnover is expensive for the health care institution and can affect other staff members and patient care (Kiel, 2012). Orientation programs play an important role in preparing novice nurses for their new roles and as a result, can influence retention (Halfer & Graf, 2006; Lavoie-Tremblay, Leclerc, Marchionni, & Drevniok, 2010). There is no consensus in the research on the amount of time needed for an adequate orientation, however much has been written on the subject. For a novice nurse the length of time offered for orientation varies from institution to institution and depends on whether the new employee is a new graduate or an experienced nurse.

The orientation period can play a critical role in promoting job satisfaction and retention of novice nurses (Scott et al., 2008). Orientation programs are designed to inform new employees of their specific responsibilities and how to fulfill their new roles within a particular organization (Connelly & Hoffart, 1998). An orientation program, for

the purpose of this research is defined as a structured program of pre-determined length provided to new employees to orient them to the health care facility and nursing unit(s) where they will work. The orientation program is also designed to provide new employees with an idea of what is expected of them in their new roles. I believe orientation is also a process that includes the formal orientation program as well as experiences that occur for a period of time after the program has ended. This research will focus on the formalized institutional orientation program.

Orientation programs vary in length from one organization to another. Most include a classroom and a clinical component. The classroom component provides new employees with information about the structure, mission, and values of the health care institution as well as information regarding their human resource department (Ardoin & Pryor, 2006). During classroom orientation new nurses are provided with clinical information related to their area of work. They are also given an overview of general policies and procedures of the hospital and a review of nursing specific policies and procedures to prepare them for their clinical experiences (Ardoin & Pryor, 2006; Thomka, 2001). The final component of most orientation programs involves clinical orientation where novice nurses are preceptored or mentored by a Registered Nurse in the area where they have been hired to work (Ardoin & Pryor, 2006; Casey et al., 2004).

After completing my nursing education in Newfoundland and Labrador, I began my first job as a novice nurse in Western Canada. I was hired to work in a medical float pool where I worked on five different units. I received eight orientation shifts on each of the units and at the end of the eight weeks, I felt ready to work independently. My

orientation began with a classroom component and as I advanced through the various nursing units, I was able to attend unit-specific classroom training sessions. When I moved back to Newfoundland, after about one year, I was hired to work on a surgery unit. I received a week of classroom orientation and 3 weeks of clinical orientation where I was co-assigned to another Registered Nurse. This was a very different area for me and even though I had previous nursing experience I found this transition challenging.

As a staff nurse, I worked with novice nurses and I saw how some struggled while others seemed to settle in as though they had always worked on the unit. In my current role as a nursing instructor, I see the student nurses at the end of their degree program as they leave nursing school to enter the nursing workforce. I wondered what role orientation played in preparing novice nurses for nursing practice and was interested in exploring the novice nurses' perceptions of their orientation program and why some struggled and others transitioned successfully.

### **Problem Statement**

Novice nurses need support and adequate orientation to ease their transition into their first time employment in the workforce. Novice nurses' perceptions of these experiences and reflection on the orientation program have potential to inform policy in health care institutions for planning future orientation sessions for new nurses.

### **Purpose and Research Questions**

The purpose of this research is to explore the experiences of novice nurses who have recently completed an orientation program for their first work experience. The

questions to be explored are: What are novice nurses experiences during orientation? What are novice nurses' perceptions of how orientation prepares them for nursing practice?

### **Rationale**

Orientation programs for novice nurses include information about skills and knowledge required for practice as well as providing opportunities for socialization to prepare for their new role (Newhouse et al., 2007). Successful orientation programs can positively influence the transition experience of novice nurses (Casey et al., 2004). The transitional period of orientation has been shown to influence novice nurse confidence, satisfaction, and retention (Cowin & Hengstberger-Sims, 2006; Gavlak, 2007). My own personal experience with orientation as a novice nurse was very positive and I felt prepared to begin work by the end of the program. As a result of this positive transition, I felt confident and comfortable in my practice. This research will explore the experiences of novice nurses during their orientation.

This research is important because the more prepared, comfortable and confident novice nurses feel following orientation the more positive they may view their first nursing experience. This can have a positive influence on retention and patient care, while decreasing the cost incurred by health care institutions due to novice nurse turnover. The novice nurses could offer recommendations on how to improve the orientation program from their experiences and provide some ideas for alternative ways of offering orientation to novice nurses. This research has the potential to add to the volume of research related

to novice nurse's experiences during orientation, more specifically to Newfoundland and Labrador and Atlantic Canada focused research.

### **Chapter Summary**

Novice nurses play a very important role in the future of our health care system. It is imperative to understand what their experiences are during orientation to ensure their needs are being met and they feel comfortable in their first job. This can have a positive influence on their transition experience and have implications for retention. The next chapter will focus on a review of the literature related to novice nurses and orientation.

## **Chapter 2. Literature Review**

### **Introduction**

Nursing education in Canada began as diploma-based programs that were offered by individual hospitals (Pringle, Green, & Johnson, 2004). The first school of nursing was opened in St. Catherines, Ontario in 1874 (Pringle, Green, & Johnson, 2004). Nursing students in diploma schools received on-the-job training and were unpaid as they worked to help staff hospitals while they progressed through their nursing program (Domrose, 2012). Nursing education changed from hospital-based to colleges or universities in the latter part of the 20<sup>th</sup> century (Pringle et al., 2004). Degree prepared nurses took longer to complete their education, as the program shifted from the two year diploma program to a four year university degree (Domrose, 2012). This shift in nursing education resulted in decreased clinical experiences and left some gaps in the preparation of nurses. This was further complicated by increasing patient acuity, advances in technology and a shortage of nurses (Koffel, 2011). Hospital-based orientation programs are left to fill this gap in knowledge and experience.

Challenges associated with the transition from student to professional nurse have been documented since Kramer's (1974) early research where she described the initial work experience of novice nurses as being a form of "reality shock." A review of the literature demonstrates a relationship between the transition experience with nurse satisfaction and job retention (Linder, 2009; Newhouse et al., 2007; Scott et al., 2008). Problems associated with nurse turnover contribute to the current nursing shortage as well



as financial loss for institutions. Nursing turnover is affected by many factors, including inadequate orientation, among others. A review of the literature shows the positive effect orientation programs can have on the novice nurse transition experience, job satisfaction and novice nurse turnover rates (Cowin & Hengstberger-Sims, 2006; Delaney, 2003; Gavlak, 2007; Scott et al., 2008).

A search of the literature was conducted using the online CINAHL and PubMed databases, as well as grey literature and included publications from the Canadian Nurses Association (CNA) and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL). The terms searched included: “new nurse,” “graduate nurse,” “novice nurse,” “orientation,” “orientation process,” “transition,” and “experience,” and a combination of these terms. The search focused on literature published from 2000 to 2013. All relevant articles were reviewed. Each article was read and the reference list was searched for additional articles. This process continued until repetition of articles was noted to appear in reference lists.

Research related to novice nurses and orientation focus predominantly on their experiences during transition to the professional nursing role. The earliest research on orientation can be found in 1974 when Kramer examined the “reality shock” novice nurses experienced as they entered the world of nursing. The frequency of research on novice nurses and orientation peaked in the early 1990’s and continues to be prevalent in the literature. The common themes found in the literature related to novice nurse orientation are: the transition experience, support and socialization of novice nurses,

preparedness for practice, and strategies to help novice nurses. The literature will be presented within these themes in the following sections of this chapter.

### **Transition Experience**

The transition experience has been a popular focus of research pertaining to novice nurses. Kramer's (1974) early research focused on what she termed "reality shock." This term was used to describe the initial work experience of novice nurses. Kramer looked at the effects of an anticipatory socialization program on whether or not the program helped prepare the student nurses for conflicts they may face in their first job (Kramer, 1974). The anticipatory socialization program was designed to put nursing students through phases to prepare them to handle the challenges they may face in their professional roles to alleviate the reality shock they may experience as they transition from being a student to a practicing nurse (Kramer, 1974). Orientation was a time when novice nurses may experience conflict between their expectations and the reality of their new role. During this time they may experience a difference between what they learned in nursing school, and what they see in actual practice. Current research, over 38 years later, continues to yield similar results.

Duchscher (2008), in her research on the new graduate transition experience met with novice nurses (n=14) from two Canadian cities during different intervals in their first 18 months of practice following nursing school. All of her participants had finished orientation to their first job and she found the majority of the participants' expectations were different from the reality they experienced in their job. Specifically, novice nurses reported they were not prepared for the heavy workload, caring for unstable patients, non-

nursing duties expected of them, and dealing with other demands of their job. This created stress for the novice nurses. The novice nurses wanted to feel accepted and found themselves seeking assistance and reassurance from their peers for relatively basic issues (Duchscher, 2008).

Similarly, Maben, Latter and Clark (2006) found that new graduates experienced a conflict between the care they wanted to provide to their clients (which they had learned in school) and the actual care they were able to provide. This was a longitudinal study in the United Kingdom conducted over a three-year period to investigate the theory-practice gap. Questionnaires were sent to nursing students in the last year of their program (n=72) and follow-up interviews were conducted with students who had finished and started working as novice nurses (n=26). The novice nurses described they were not able to do all of the things they wanted or believed should be included in their practice. Factors such as staff shortages, work overload, high patient turnover and other demands they now faced as novice nurses were reported to influence their ability to care for their patients in the way they wanted and had been taught in school (Maben, Latter, & Clark, 2006).

Olson (2009) investigated the perceptions of “Millennials” (those born between 1980 and 1999) in Minnesota, United States, and their transition experience during their first year of nursing practice. The “Millennial” generation, as described by Olson (2009), is accustomed to coaching, feedback and reassurance from their parents. Novice nurses in this study (n=12), were interviewed at three months, six months and one year of practice. Initially, they identified being unfamiliar with their surroundings and described their initial experiences as confusing and overwhelming. By the end of their first year of

practice novice nurses felt more accustomed to their work environment. Initially, they reported their job was fast paced with multiple tasks including those that were unexpected, for which they had no previous experience in nursing school. While away from work, the novice nurses worried about their performance and if they had made any mistakes during their time at work. All novice nurses in this research disclosed they made a medication error during their first year of practice. This group of novice nurses felt the more experienced nurses with whom they worked were interested in their success despite being very busy themselves. Novice nurses had a strong desire to know how they were doing and placed more importance on the relationships and respect in their work environment than on the length of their orientation program (Olson, 2009).

Salera-Vieira (2009) examined at an orientation program in Providence, Rhode Island, where the clinical educator acted as a clinical instructor for the first few days of an orientation program to a postpartum unit. Novice nurses worked closely with the clinical educator to learn the unit routine and then worked with a partner, who was also being oriented to the unit, to provide care for a postpartum patient. Post conferences were held at the end of each orientation day to provide an opportunity for novice nurses to discuss their experiences, as well as to provide an opportunity to discuss important topics to help orient the new nurses to the unit. This method of orientation was successful in meeting many of the objectives and outcomes for the new nurses and easing their transition to the unit. The support provided by preceptors and mentors to novice nurses and the important role they play in socially integrating novice nurses into the profession is highlighted in the research (Salera-Vieira, 2009).

The transitional period novice nurses experience as they move from a student role into a novice nurse role can be influenced by many factors and when orientation programs are designed to assist novice nurses during this time it can contribute to a positive transition (Casey et al., 2004; Delaney, 2003; Duchscher, 2008; Salera-Vieira, 2009; Young et al., 2008). Preceptors and mentors are one important way to help novice nurses through this transition and will be discussed in the next section.

### **Support and Socialization**

The important role of preceptors and mentors in orientation of novice nurses is very evident in the literature (Beecroft, Hernandez, & Reid, 2008; Casey et al., 2004; Delaney, 2003; Newhouse et al., 2007; Newton & McKenna, 2007; Nugent, 2008; Olson, 2009; Sewell, 2008; Smith & Chalker, 2005; Whitehead, 2001). The Canadian Nurses Association (CNA, 2004) differentiated between preceptorship and mentorship while other researchers have used the terms interchangeably. The CNA in 1995 (as cited in CNA, 2004), define preceptorship as:

A formal, one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a novice (preceptee) designed to assist the novice in successfully adjusting to and performing a new role (p.13).

Mentorship is defined by the CNA as:

A voluntary, mutually beneficial and usually long-term professional relationship. In this relationship, one person is an experienced and knowledgeable leader (mentor) who supports the maturation of a less experienced person with leadership potential (mentee) (p.18).

Most orientation programs, as noted in the literature, contained some aspect of preceptorship or mentorship (Beecroft et al., 2008; Casey et al., 2004; Delaney, 2003; Newhouse et al., 2007; Newton & McKenna, 2007; Nugent, 2008; Sewell, 2008; Smith & Chalker, 2005; Whitehead, 2001). The literature reveals that nurse preceptors were highly valued by new nurses as they provided support and oriented novice nurses to their new areas of work (Casey et al., 2004; Evans, Boxer, & Sanber, 2008; Newton & McKenna, 2007).

Oermann and Moffitt-Wolf (1997) used a questionnaire developed to assess stress and social support experienced by novice nurses during orientation. Their research included novice nurses (n=35) from hospitals in a metropolitan area of the Midwestern United States. The novice nurses who participated in the study reported a moderate degree of stress during orientation despite feeling they had an adequate support system during this time. Oermann and Moffitt-Wolf did not find a statistically significant relationship between social support and the stress novice nurses experienced. However, they did find positive correlations between social support and interest in clinical practice and development of confidence in clinical practice. They discussed the important role of preceptors in planning learning experiences and providing direction for interacting with members of the interdisciplinary team. They also highlight the value of preceptors in assisting with social interactions between the novice nurses and other co-workers. Discussions between preceptors and novice nurses about patient care can help validate the novice nurses' decision making and assist with development of self-confidence (Oermann & Moffitt-Wolf, 1997).

Thomka (2001) developed a questionnaire that explored novice nurses' perceptions about the orientation they received in their first position at a large urban mental health facility in Wisconsin. Participants (n=16) had 15 years of practice or less at the time of the study. Participants reported both positive and negative interactions with nursing staff. Many of the respondents in this study reported orientation and interactions with other staff nurses during this time had led to thoughts of leaving the nursing profession. When asked to describe their "ideal transition," the nurses reported it would involve working with experienced mentors who could provide encouragement and support to the novice nurse showing the significance of the mentor role in the orientation of novice nurses (Thomka, 2001).

Linder (2009) explored the experience of novice nurses (n=6) working in pediatric oncology in Salt Lake City, Utah. Novice nurses found senior staff nurses to be a clinical resource and support system. Preceptors assisted with skill development and problem solving related to patient care. Novice nurses valued a preceptor who could normalize their experiences by sharing his or her early experiences as a nurse in their first job. The role of the preceptor was valued by novice nurses. Similarly, Romyn et al., (2009) found through discussions with 14 novice nurses and 133 staff nurses, employers and educators, preceptors were an essential resource for novice nurses. Novice nurses felt preceptors played an important role in orientation and assisted with guiding them to develop competence in their practice. They also found new graduate nurses who developed a trusting relationship with a preceptor reported a positive transition into the workplace (Romyn et al., 2009).

There is some debate in the literature regarding the effective number and mix of preceptors. Casey et al., (2004) research included novice nurses (n=270) from a metropolitan area of Denver. They found the novice nurses did not feel their orientation progressed smoothly when they had more than three preceptors (Casey et al., 2004). Delaney (2003) and Beecroft and colleagues (2008) also found that inconsistent preceptors contributed to reduced proficiency of novice nurses (Delaney, 2003; Beecroft, Hernandez & Reid, 2008). Having a single preceptor allowed the novice nurse time to build rapport with his or her preceptor and this helped with socialization into his or her new work environment (Smith & Chalker, 2005). In contrast, novice nurses (n=216) in Smith and Chalker's (2005) research found having the same preceptor helped them transition to a staff nurse, while multiple preceptors helped improve their clinical skills and knowledge, and provided a resource person to answer questions. Nugent (2008) found many of her participants' (n=150) responses regarding working with multiple preceptors were positive. These novice nurses found having exposure to a variety of styles allowed them an opportunity to develop their own practice. Brasler's (1993) research found having multiple preceptors had benefits as well. Novice nurses (n=65) in this study reported they were able to shape their practice through working with a variety of preceptors and incorporated strengths from each preceptor to develop their own practice (Brasler, 1993).

### **Preparedness for Practice**

Another theme found in the literature is novice nurses' preparedness for practice as they move from the role of student to professional nurse. Research shows that novice



nurses are often task oriented as they begin their practice and focus on themselves and their clinical skills rather than on their patients (Benner, 1984; Duchscher, 2001; Goodwin-Esola et al., 2009; McKenna & Green, 2004). Specifically, the research shows that many novice nurses are task oriented and experienced challenges with time management, interacting with physicians, and dealing with death and dying. Some of the research focused on novice nurses perceptions of their own preparedness and strategies to help.

Ellerton and Gregor (2003) found novice nurses (n=11) in their study to be very task oriented. Their study was conducted in an acute care hospital in Nova Scotia. They cited a personal account of one novice nurse who described mastering a complex dressing change on a pediatric patient. The novice nurse focused her description on how she precisely performed the complex skill and secured all of the patient's tubes. The novice nurse reported that the child's crying made the procedure difficult indicating that the child's response was secondary to the complex dressing change. Participants' descriptions of their work consisted of skills they performed. They described patients by the size of their veins and the catheters they had in place. Novice nurses did not consider individual characteristics of the patients and their families. Ellerton and Gregor also found that novice nurses spent more time, as compared to seasoned nurses, reviewing their patients' charts during the morning and looking up medications that were unfamiliar (Ellerton & Gregor, 2003).

This is consistent with Benner's (1984) research with novice nurses that suggested novice nurses begin their practice at the novice or advanced beginner level, during which

they tend to focus primarily on skill development. Benner reported novice nurses and advanced beginner nurses need support in setting priorities as they cannot sort out what is important and they tend to focus on general guidelines. Benner suggested that when advanced beginners feel they have gained competence in areas of their practice, they are then able to focus on more advanced clinical judgment (Benner, 1984).

Time management was another component of practice readiness that was discussed in the literature. Several researchers reported that novice nurses were overwhelmed with the time management aspect of their new job and had a lack of organizational skills. These were identified to be a barrier to optimal performance by the novice nurses (Casey et al., 2004; Newton & McKenna, 2007; Whitehead, 2001).

Casey and colleagues (2004) distributed surveys to novice nurses (n=270) working at acute care hospitals in Denver, Colorado. Participants in their research had completed between 6 and 24 weeks of orientation. Novice nurses in this study reported feeling anxious about making decisions about patient care, having difficulty prioritizing, and feeling overwhelmed with nurse-to-patient ratios because of nursing shortages. They also found novice nurses had difficulty with organizing their own routine and prioritizing tasks and they reported not having enough time to think and organize their care (Casey et al., 2004).

Similarly, Newton and McKenna (2007) found novice nurses did not feel fully prepared to begin their practice. Through interviews with novice nurses (n=25) in Victoria, Australia, at three intervals over an 18 month period, they found novice nurses felt prepared to perform basic care expected of them, such as hygiene and medication

administration but were not prepared for any unexpected events or changes that may occur with their patients. The novice nurses focused on themselves, getting tasks completed and managing their time. One novice nurse described being “overwhelmed on that time management aspect” (p.1235). Half way through their first year of practice, the novice nurses began to know where they fit in and how to manage certain situations they faced in their practice (Newton & McKenna, 2007).

Many novice nurses reported feeling insecure when making decisions about which physician to call and when (Casey et al., 2004; Duchscher, 2001; Olson, 2009).

Participants in Boychuk Duchscher’s (2001) study reported fear and anxiety when working with certain doctors as they tried to determine how they could get what they needed for their patients without feeling they were antagonizing the physicians. Novice nurses in Casey et al., (2004) research reported having a lack of experience communicating with physicians and feeling insecure with decisions related to when to call a doctor, and interpretation of orders during their first six months (Casey et al., 2004). Olson (2009) similarly found that novice nurses experienced discomfort when communicating with a physician. The novice nurses reported during nursing school their clinical instructor or co-assigned staff nurse had done this for them. Oermann and Moffitt-Wolf (1997) also found this to be true, as they reported interacting with physicians was one of the most frequently identified sources of stress experienced by novice nurses in their research.

Another area of concern regarding novice nurses’ preparedness for practice noted in the literature was dealing with death and dying. Casey et al., (2004) and Delaney

(2003) found that many novice nurses were not comfortable caring for dying patients or dealing with death. Casey et al., (2004) found 37% of their respondents were not comfortable caring for dying patients. It is important to note in this study, there was no improvement in novice nurses comfort level of dealing with death and dying over time (Casey et al., 2004). All ten participants in Delaney's (2003) phenomenological study commented they were not prepared to deal with death and dying. Novice nurses involved in this research felt they did not have an opportunity to deal with death and dying. One novice nurse spoke about not being able to assist in a code situation during orientation, while another novice nurse was not allowed to stay in the room during a code while in nursing school (Delaney, 2003).

There is a discrepancy in the research regarding whether or not novice nurses felt prepared for practice following the completion of their orientation. There is limited research linking the practice readiness of novice nurses and the length of orientation. Casey et al., (2004) and Newhouse et al., (2007) agreed that most novice nurses do not feel confident for 12 to 18 months of practice and highlighted the need for extended orientation and support programs to promote successful transition to practice (Casey et al., 2004; Newhouse et al., 2007).

Romyn et al., (2009) reported that novice nurses are not prepared to "hit the ground running" and that a gap exists between being a student and entering the workforce, leading to the question of whether expectations of novice nurses are realistic. These results came from discussion groups with not only novice nurses, but with staff nurses, employers, and educators (Romyn et al., 2009).

Maddalena, Kearney and Adams (2012) interviewed ten novice nurses in Newfoundland and Labrador to examine factors influencing their quality of work life. The participants in this study expressed concern that Registered Nurses in their areas of work expected them to function like more seasoned nurses. They also found that novice nurses who, as students, had experience working in a nursing unit experienced reduced anxiety when they went back to the area to work as a novice nurse. This decrease in anxiety was attributed to feeling known, welcomed, and supported by the staff and having prior knowledge of unit policies and procedures (Maddalena, Kearney, & Adams, 2012).

Delaney (2003) and Newton and McKenna (2007) found novice nurses felt supported during orientation and by the end of a 12-week orientation program most participants felt ready to assume the role of a nurse. Nugent (2008) found that while novice nurses reported having a lot to learn when leaving their 12 week orientation, they rated their confidence level at that time as being 7.6 on a scale from 1 to 10.

Several studies looked at whether novice nurses felt prepared for practice following orientation (Casey et al., 2004; Newhouse et al., 2007; Romyn et al., 2009; Scott et al., 2008), however, included participants who received varying lengths of orientation and the studies did not specify the length of the orientation programs.

### **Strategies to Help Improve Orientation**

Current research findings suggest orientation programs play an important role in helping novice nurses transition to their first jobs (Newhouse et al., 2007; Young et al., 2008). There is no agreement on an optimal length of time for orientation. The length of orientation programs discussed in the literature varied from six weeks (Guhde, 2005;

Young et al., 2008) to one year (Evans et al., 2008; McKenna & Newton, 2008; Newhouse et al., 2007). An orientation program of six to twelve weeks was the most frequently cited (Beyea et al., 2007; Delaney, 2003; Guhde, 2005; Nugent, 2008; Young et al., 2008). Orientation programs varied from no classroom time to two weeks of classroom orientation followed by preceptored shifts (Ellerton & Gregor, 2003; Evans et al., 2008; Goodwin-Esola et al., 2009).

A number of researchers implemented new models of orientation to try to improve novice nurse preparation for practice. Beyea, von Reyn and Slattery (2007) looked at a nursing orientation program they referred to as a “nurse residency program” involving patient simulation. This program was designed to help prepare novice nurses (n=42) to organize care for patients, address the need for extended orientation periods, and evaluate the program’s influence on the practice readiness of novice nurses. The program set up actual scenarios that novice nurses could encounter in the clinical area and allowed opportunities for them to apply skills in a simulated, yet realistic, environment. The program was found to be helpful in developing novice nurse confidence and competence, and unit leaders reported novice nurses came to the clinical area more prepared as a result (Beyea, von Reyn, & Slattery, 2007).

Horwarth (2010) piloted an eight-week orientation program where novice nurses completed specific tasks each week to help increase their practice readiness to independently care for five clients following the end of their orientation. There was no comparison group in this study and although it was small, preliminary results showed that novice nurses were comfortable caring for five patients independently. It was noted this

was the first time in over five years novice nurses at this hospital performed at this level following orientation (Horwarth, 2010).

Newhouse et al., (2007) implemented a new orientation program called Social and Professional Reality Integration for Nurse Graduates (SPRING), to determine whether this new program improved novice nurse retention, sense of belonging and organizational commitment. This program was one year in length and used individualized personal development plans to provide socialization and educational experience to novice nurses. The results of this research supported the value of such a comprehensive program for teaching skills and knowledge needed for competence, enhancing novice nurses satisfaction with their job, as well as positively influencing retention (Newhouse et al., 2007).

One novel strategy to improve the transition experience of novice nurses was proposed by Maddalena et al., (2012). They found novice nurses who had previous experience as a student on the unit they were hired to work were more likely to have a positive transition into the workforce. These novice nurses had familiarity with the staff on the nursing unit and the routine, which helped decrease anxiety. It was found the perceived need for orientation was less for novice nurses who had previous experience on the unit as a student in their final year, than those who did not have any prior experience (Maddalena et al., 2012).

### **Chapter Summary**

The main themes identified through this review of the literature on orientation and novice nurses were: the transition experience and the challenges novice nurses may face;

the important role of support and socialization in assisting novice nurses with their transition from student to graduate nurse; preparedness for nursing practice, with respect to being task oriented, managing time, interacting with physicians and dealing with death and dying; novice nurses perceptions' of their preparedness for practice; and strategies that have been designed to help improve orientation programs, and the novice nurse transition experience.

A gap noted in the literature was hearing about orientation from the novice nurses' perspective on the specific role orientation plays in preparing them practice. Much of the research focuses on the novice nurse experience during their first year of practice and strategies that have been implemented to ease this transition experience. My research will add to this area of research by exploring the experiences of novice nurses who have recently completed an orientation program for their first work experience.

This literature review provided an important frame of reference on the experience of novice nurses and challenges many face as they transition from student to graduate nurse. It also leaves me to question what are novice nurses' perceptions of the orientation program provided by Eastern Health and how prepared do they feel for practice at the end of this program?

While there is information available about the novice nurse experience, there is limited information available that is specific to Atlantic Canada, and more specifically, Newfoundland and Labrador. The best way to find out what novice nurses experiences are during orientation is to go directly to the source -- novice nurses.



## **Chapter 3. Methodology**

### **Introduction**

The purpose of this study is to explore the experience of novice nurses who have recently completed an orientation program for their first work experience. The research questions are: What are novice nurses' experiences during orientation? What are novice nurses' perceptions of how orientation prepares them for nursing practice?

Qualitative research, as defined by Holloway (1997), is "a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live" (p.2). Qualitative research methods allow for the researcher to be the instrument for data collection to explore perceptions of participants (Lincoln & Guba, 1985).

Ontology is defined as the study of being; awareness of "one's own being-in-the world" (Fain, 2004, p.222). It includes assumptions about the world, the nature of things and what it means to exist as human beings (Fain, 2004). Naturalistic inquiry was selected as the method for this research because it fits well with my ontological stance and goal to allow participants to freely express their opinions and experiences during orientation to their first job as a nurse.

In this chapter I will provide a brief description of naturalistic inquiry followed by the recruitment of participants, data collection, data analysis and ethical considerations.

### **Naturalistic Inquiry**

Naturalistic inquiry was the chosen methodology for this study because it allows for the exploration of orientation from the perception of novice nurses who have recently completed orientation for their first work experience. Naturalistic inquiry allows for exploration of the complexities of social settings through the perceptions of those involved in the inquiry (Erlandson, Harris, Skipper, & Allen, 1993). Naturalistic inquiry occurs in natural settings and allows researchers to study real world situations as they naturally unfold (Bowen, 2008). The purpose of naturalistic inquiry is to understand rather than predict and control multiple realities based on subjective experiences (Lincoln & Guba, 1985). This naturalistic inquiry explores the experience of novice nurses who have recently completed an orientation program for their first work experience, in an attempt to address a gap that exists in understanding the novice nurse experience in Newfoundland and Labrador.

Naturalistic inquiry as described by Lincoln and Guba (1985), is a qualitative research paradigm concerned with understanding and considers multiple realities shaped by individual experiences. Lincoln and Guba's ontological position focuses on the idea of constructed reality. Constructed reality suggests there are an infinite number of constructions that may be made by individuals, and therefore multiple realities exist. Individuals interpret and understand concepts differently based on their previous experiences. For example if a term were given to a group of people for example, "good manners," it would most likely mean something different for each individual. While the group may be able to agree on a definition that describes the term, this definition would

only constitute a partial description (Lincoln & Guba, 1985). From this perspective, knowledge can come to light from these constructed realities. Naturalistic inquiry has been referred to as a form of constructivist inquiry, as the purpose of the inquiry is to construct rather than discover knowledge (Erlandson et al., 1993).

Epistemology is the study of knowledge and how one comes to know and understand (Fain, 2004). As described by Peters (2000), social constructivism posits that new knowledge is built on and influenced by existing knowledge. Individuals construct knowledge as part of a process of making sense of their experiences (Peters, 2000). The concept of social constructivism is congruent with my ontological and epistemological positioning, as well as with the characteristics of naturalistic inquiry. Constructivism involves both understanding and interpretation. With this understanding, the novice nurses in this study each bring their own experiences and come from varying backgrounds. This explains how each person may view the same experiences differently than another. As novice nurses complete orientation and begin their first work experience, their perceptions of their experiences will vary based on their personal constructs of their experience.

My view of novice nurse perceptions of orientation influenced how I understood and interpreted my data. My history, values and interests in this area of research were a factor in my study. Reflexivity in research takes into account my involvement in the research and the influence I have on the findings (Denzin, 1994). In my current job, I work with student nurses on a daily basis and I see how they function in their role as students. As an educator, I like to believe nursing students feel competent in their practice

as they advance through the program and graduate. I also see how some student nurses struggle with adapting from learning in a classroom or nursing skills laboratory to translating this information into practice. There are many reasons why student nurses adapt well or experience challenges as they enter professional practice. I believe previous life experiences can influence how student nurses face challenges and influence how they interpret experiences. The experience I have working with student nurses and my beliefs influenced my interest in this area, and were a contributing factor in my decision to research this topic.

I believe the constructivist paradigm and naturalistic inquiry fit with my understanding of knowledge, as well as my goal to explore the experiences of a group of individuals (novice nurses in their first professional position) during orientation to their first job. Through reciprocal sharing, the participants and I become collaborators in the research project, as knowledge is generated with participants in this naturalistic inquiry (Mauthner & Doucet, 2003).

### **Recruitment**

Sampling in the naturalist paradigm is based on gaining as much information as possible, but not with the intention of making generalizations (Lincoln & Guba, 1985). Purposeful sampling is one of the characteristics of a naturalistic inquiry. This type of sampling involves selecting participants according to predetermined criteria based on the research objective (Patton, 2002). The sampling began as a form of selective, purposeful sampling, as the participants I was seeking to recruit were novice nurses who were

completing or had completed orientation to their first job in Eastern Health. Recruitment for this research began in October 2010 and ended in October 2011.

In October 2010, I contacted a Human Resources Consultant at Eastern Health, who sent an electronic copy of my recruitment notice to all clinical educators at the Health Sciences Centre (HSC) and St. Clare's Mercy Hospital (SCMH). In January 2011, I placed recruitment posters on all adult in-patient medical and surgical nursing units at the HSC and SCMH to recruit novice nurses to participate in my research (Appendix A-- Recruitment Poster #1). The Director of Professional Practice arranged to have my recruitment notice in the professional practice nursing newsletter. This was circulated to all Registered Nurses within Eastern Health. I contacted the Communications Specialist at the Newfoundland and Labrador Nurses Union (NLNU) and my recruitment notice was posted on the myNLNU website. This is an online tool provided by the NLNU to all Registered Nurse members.

In May 2011, an electronic copy of my recruitment poster was posted online on the Eastern Health intranet. This was organized in consultation with the Director of Professional Practice Nursing at Eastern Health. The intranet is a computer network, similar to the internet that can only be accessed by staff members. As well, I attended one of Eastern Health's orientation sessions for novice nurses. I was given time to address the group, introduce myself and explain my research study. I circulated a sign-up sheet for those interested in hearing more about my study and/or participating in my research. Novice nurses were given the option to leave their name and e-mail address and/or

telephone number so I could contact them at the end of their orientation program to provide more information about my research and an opportunity for them to participate.

In June 2011, I followed up with the 57 novice nurses who left their contact information through e-mail. After sending the follow-up e-mail, I also posted more recruitment posters on all adult in-patient medicine and surgery nursing units as five months had elapsed since my initial posters were circulated (Appendix B -- Recruitment Poster #2). I was contacted by six novice nurses who expressed interest in participating. At this time, an offer was made to set up an interview at a convenient time for the novice nurse. I received replies from four novice nurses and set up interview times with each of them to explore their experiences with orientation. Information about the consent process will be discussed later in this chapter.

In July 2011, I sent a follow-up e-mail to all novice nurses to generate more interest in participation and I contacted additional novice nurses who had expressed an interest in participating. From this process, I successfully contacted and met with three additional novice nurses. As interviews with participants ended, I asked them to make referrals to other potential participants, in an attempt to use snowball sampling to recruit more participants (Polit & Beck, 2008).

After meeting with these seven participants, I did not have any new participants express interest in participating, despite my ongoing recruitment efforts. The beginning of my recruitment was in October 2010 and it ended one year later. This was challenging, as the largest group of novice nurses had graduated and completed their orientation in the spring of the year, prior to my recruitment. After six months of practice, some of these

novice nurses may not have considered themselves “novice” anymore. The next group of eligible novice nurses did not graduate until April 2011, and between April and June, they were graduating from their nursing program, beginning new jobs, and preparing for the Canadian Registered Nurse Exam (CRNE). This also posed a challenge for me with recruitment. While I was not able to recruit as I had planned, I feel as though I met with a diverse group of novice nurses who worked in a variety of areas.

### **Participants**

I recruited and interviewed seven novice nurses. These nurses graduated from Memorial University with a Bachelor of Nursing (BN) degree in April 2010 or 2011. All of the participants had completed or were completing orientation with Eastern Health. All seven participants were females and the median age was 25. Additional demographic information is not provided because it may identify individual participants. All participants had previous experience working in health care prior to graduating with their BN degree. Their previous experience included: personal care attendant (hired to work in acute and long-term care facilities to assist patients with activities of daily living); nurse collegians (nursing students, who have completed their third year of a nursing program, who are hired to work in acute and long term care facilities where they are allowed to practice all skills and competencies within their scope); or as a volunteer in a health care facility.

As part of the Memorial University Bachelor of Nursing program, student nurses complete a number of clinical placements within Eastern Health facilities. All of the participants in this study were familiar with Eastern Health from their clinical experiences

in nursing school. Six of the participants had previous experience on the unit for which they were hired to work by completing a clinical rotation in this area. Five of the novice nurses who participated in this study, had finished their orientation for a period ranging from one week to ten months prior to meeting with me. The remaining two novice nurses were still completing the orientation program and had one to two weeks remaining at the time of our meeting.

Initially it was hoped all participants would work in adult medical-surgical areas within the acute care hospitals as they would have received the exact same orientation. In this group of participants, nurses worked in one of the following areas: adult medical-surgical areas within the acute care hospitals; long-term care and rehabilitation; mental health; and pediatrics. As a result, their orientation programs began similarly, but varied in length depending on the area they would be going to work. As a result, there were many similarities in my sample, but the group was not homogenous.

### **Data Collection**

A characteristic of naturalistic inquiry utilizes the researcher as the instrument for data collection (Lincoln & Guba, 1985). I was able to interact with the respondents during individual interviews to collect data. This method was appropriate for my research because it allowed me to engage the participant in a private discussion to explore orientation through her specific experiences.

I conducted all of the interviews in person. In-depth interviews should be personal encounters where “open, direct, verbal questions are used to elicit detailed narratives and stories” (DiCicco-Bloom & Crabtree, 2006, p.317). During interviews, participants were



given an opportunity to reflect on and discuss their experiences during orientation. I began each interview with the statement, "tell me about yourself," and used a list of semi-structured questions to guide each interview (Appendix C -- Semi-Structured Interview Questions). The semi-structured interview questions were altered slightly following each interview to accommodate issues arising in previous interviews. Prompt questions are important for the interview process as they help the interviewer gain more information (DiCicco-Bloom & Crabtree, 2006). Being a novice researcher, I did not stray from my list of semi-structured questions for many of my first interviews and I will reflect on this further in discussion of my lessons learned in my conclusion and recommendations chapter.

The interviews were recorded and transcribed verbatim by me. Transcriptions were verified by listening to the recording while reading the transcripts. The recordings and transcriptions are currently stored in a locked filing cabinet in my office until completion of the study. Once I have completed my research I will store the recordings and other relevant research material in Dr. Maddalena's office (my co-supervisor) for the required five year period. During and following transcription the interviews were analyzed. Data collection and analysis continued until no new participants were recruited. The analysis is based on those individuals who participated in the research.

When a participant decided she was interested in participating, I allowed her to choose a convenient time and place for us to meet. I offered my office as an option, and all participants chose to meet in this location. I explained the study at this time and allowed an opportunity for any questions to be answered. I also explained that there

would be a consent form that we would review when we met, a short demographic survey and our meeting was anticipated to take one hour. I also asked if it they were agreeable to have our interview audio taped. Audio recordings contribute to a more relaxed environment as I was able to concentrate on what the participant said and could later transcribe the interaction verbatim (Whiting, 2008). When I met with each participant the consent form was reviewed and signed and they were given a few minutes to complete the demographic survey (see Appendix D -- Human Investigation Committee Consent and Appendix E -- Demographic Survey).

I explained to the participant that when the interviews were analyzed a final report would be written, a manuscript developed for publication, and a presentation would be given at the Memorial University School of Nursing. Participants were offered an opportunity to receive the results of my research. This option was provided on the consent form. I will complete a research summary and this will be sent through e-mail to interested participants. Participants will also be provided with the date and time of the presentation and will be invited to attend. This presentation will be open to anyone, including faculty and staff at the Memorial University School of Nursing, other Master of Nursing students, Eastern Health employees and other interested parties. A research article will be prepared and submitted for publication in a relevant nursing journal.

### **Data Analysis**

Data analysis occurred concurrently with data collection and after each transcription was completed. To analyze the data I used the voice-centered relational method as described by Mauthner and Doucet (1998). This method was based on an

original method developed by Brown and colleagues at Harvard Graduate School of Education (as cited by Mauthner & Doucet, 1998). Mauthner and Doucet were completing their PhD research and found a lack of specific description on how to analyze qualitative research data. They used the original voice-centered relational method under the guidance of Gilligan, from Brown and colleagues (as cited by Mauthner & Doucet, 1998), and developed their own version of the method, rooted in feminist research practice and qualitative research. Being a novice researcher I liked how their approach to analysis helped to keep the participants' voices and perspectives intact while recognizing the role of the researcher (Mauthner & Doucet, 1998).

This method of data analysis helps researchers explore experiences of individuals in terms of their relationships to the people around them and the various contexts in which they live (i.e. social, cultural, etc.). This method involves four readings of each interview transcript in an attempt to balance voices and stories of all participants, the researcher, and perspectives of theories or frameworks researchers bring into their study (Mauthner & Doucet, 1998).

The first reading of the transcript searches for the main plot. Specifically, the reader looks for main events, recurrent images and words, and tries to put him/herself in the narrative to allow for an understanding of how their own assumptions and views may affect interpretation. As I read through each transcript, I wrote sentences (exact quotes) and ideas that were expressed by the novice nurse in an attempt to understand the overall plot. The second reading of the transcript searches for the voice "I" and focuses on how participants experience, feel, and speak of themselves. As suggested by Mauthner and

Doucet (1998), I used a coloured pencil and circled personal pronouns (I, we, and you) in each transcript, in an attempt to understand how they live in their world. I then wrote each sentence containing one of these pronouns on a piece of paper. The third reading is concerned with how a participant speaks of interpersonal relationships. When a participant referred to an interpersonal relationship, I wrote each sentence on a piece of paper. The fourth reading looks for how people place themselves within cultural and social contexts and their experiences within broader social, political and cultural contexts. I looked for words like “should,” “ought,” “right,” “wrong,” “good,” and “bad,” as suggested by Mauthner and Doucet (2008). Again, I wrote each applicable sentence on a piece of paper.

Following the four readings of each transcript, I looked at all of the various sentences I had written and I noticed several general categories where the sentences could fit. I used coloured pencils to indicate similar ideas and I put a bracket around sentences with similar ideas. A sentence could have multiple coloured brackets if it fit more than one category. I then wrote each broad category on a piece of paper and I put sentences under the appropriate category. Once this was completed, I read through the groups of sentences and looked for prominent themes and ideas. In addition to the themes identified, there were several novel narratives, experiences that were unique to one novice nurse’s experience and were noteworthy. The findings will be explained in more detail in the chapter on results.

### **Trustworthiness**

Trustworthiness is important within the naturalistic research approach to ensure credibility and for the researcher to demonstrate his or her findings are worth attention. Generalizability in qualitative methods is not a goal as it is with some quantitative methods (Lincoln & Guba, 1985). There are four techniques proposed by Lincoln and Guba (1985) to establish trustworthiness: credibility, transferability, dependability and confirmability.

Credibility is confidence in the truth of the findings. One activity to enhance credibility in research is prolonged engagement (Lincoln & Guba, 1985). Prolonged engagement with the research and the organization enables the researcher to learn the culture of the organization (Erlandson et al., 1993). One interview may not provide ample opportunity to have a long period of engagement with a participant, however, completing seven interviews with different participants may have enhanced my engagement with the data. I am familiar with the organization, as I have worked there for several years, although I did not complete the novice nurse orientation. Transcribing the interviews myself, and reading and re-reading through each transcript while listening to the audio tape also enhanced my engagement with the data. Another method to enhance credibility is triangulation (Erlandson et al., 1993). For this study, I interviewed novice nurses who had completed orientation at different sites (Health Sciences Centre, St. Clare's Mercy Hospital, Leonard A. Miller Centre, Waterford Hospital and the Janeway Children's Hospital), and this allowed me to compare the experience of the nurses among the various sites. When I began my data analysis, my co-supervisors and I individually analyzed

transcripts from the first two interviews I conducted. We separately generated a list of themes identified from these interviews and met as a group to review our findings. Through our individual analysis, we all found similar themes. Having multiple investigators review and code the same and finding similar results helped me, as a new researcher, with confidence with coding the transcripts.

Transferability infers similar judgments are possible when sufficient descriptive data are provided. One activity to ensure transferability is thick description. This is a description of the time and context of findings that makes transferability judgments possible by other potential researchers (Lincoln & Guba, 1985). The context for this study is detailed throughout this thesis.

Dependability ensures findings are consistent and could be repeated while confirmability ensures findings are result of the inquiry and not the researcher (Lincoln & Guba, 1985). An activity to ensure dependability and confirmability is an audit trail. An audit trail has been kept throughout the study. I kept all original transcripts and each step of my data analysis to show how my major themes were generated (Erlandson et al., 1993). I also kept a reflexive journal throughout this process. A reflexive journal is a diary where I record information about the research process and my thoughts and feelings throughout the study. This also provides an avenue to record reasoning for methodological decisions (Erlandson et al., 1993). This journal provides information to help with data analysis as well showing the decisions that were made. This is also of great use if the research is audited (Lincoln & Guba, 1985). This reflexive journal helped me reflect on the research process as well as provide a place for me to record my thoughts

and feelings. While the reflexive journal did not figure prominently in my analysis, it was very helpful with documenting a timeline of the research process.

### **Ethical Considerations**

Ethical approval for this study was obtained from the Human Investigation Committee (HIC) at Memorial University in October 2010 (Appendix F -- Human Investigations Committee Approval). The HIC is a joint board of Memorial University and Eastern Health and operates based on the guidelines provided by the Tri-Council Policy Statement. These guidelines were published to provide a single Canadian standard to be met when conducting research and address ethical concerns in research (Human Investigation Committee, 2005). Once HIC approval was obtained, my proposal was submitted to the Eastern Health Research Proposal Approval Committee (RPAC) for approval. RPAC assesses the impact of the study on the organization including resource utilization and whether confidential information will be accessed for projects conducted within Eastern Health (Eastern Health, 2006). I obtained interim approval from RPAC in October 2010 and full approval in November 2010 (Appendix G -- Research Proposals Approval Committee Approval). In April 2011 an amendment was submitted to HIC to include novice nurses who graduated in either 2010 or 2011. This was approved in April 2011. Renewal for ethical approval was submitted in October 2011, and was granted at this time.

Participation in this research was voluntary. Novice nurses could contact me to express interest in participating after seeing my recruitment posters and other methods of recruitment. The novice nurses I contacted through e-mail and telephone had voluntarily

provided this information during my recruitment at their orientation session. Through this recruitment, seven novice nurses agreed to participate. Informed consent was obtained from each participant and as indicated on the consent form, every effort was and will continue to be made to protect the privacy of the participants. Each participant was given a copy of the consent form that included contact information for me and my committee members if they had any questions or concerns. I did not encounter any participant who appeared to experience any distress or discomfort during the interviews.

I have access to the data and my supervisory committee members have access, as required, to provide input on the data collection and analysis processes. There are no names recorded in any of the transcriptions to maintain anonymity and confidentiality. The only document that has any identifying information is the consent forms, and these are stored in a locked drawer in my office separate from the interview transcripts. The participants' e-mail addresses and telephone numbers are kept confidential in a password protected file, and only I have access. This information will allow me to invite them to my presentation. In this report, there will be no identifiers that could link the collected information with any particular individual.

### **Chapter Summary**

With the understanding that there are multiple realities, subjective and constructed by the researcher and the participant, the constructivist lens is appropriate for my research (Lincoln & Guba, 1985; Polit & Beck, 2011). The characteristics of a naturalistic inquiry methodology also align well with my goal for this research, to explore the experiences of novice nurses who have recently completed an orientation program for their first work



experience. To understand the experiences of novice nurses during their orientation program and to answer my research questions, a naturalistic approach aligned with my beliefs and goals for this research project. Meeting with participants one on one allowed an opportunity for us to interact and provided an opportunity to allow them to share their experiences during orientation. Results and data analysis will be presented in the next chapter.

## **Chapter 4. Results**

### **Introduction**

In this chapter I will present the findings obtained from analysis of the interview transcripts. I will also present novel narratives, experiences that were unique to one novice nurse's experience and were noteworthy.

All novice nurses participated in a similar orientation program provided by Eastern Health. The program had three parts: corporate and site orientation, nursing clinical skills classroom orientation and nursing unit orientation (Appendix H -- Eastern Health Orientation Program Outline).

The orientation program began with corporate and site orientation. This occurred over a two day period and new employees were introduced to various services provided by Eastern Health (e.g. blood bank, infection control, organ procurement, laboratory, and computer documentation, etc.). They also went to the site (e.g. hospital) where they would be working to learn about that specific site. Novice nurses were also provided computer training for the program they would be using in their clinical role (Eastern Health, 2010).

The nursing clinical skills orientation was coordinated by the Clinical Educator and was reported by the novice nurses to be one to two weeks in length. The novice nurses working in adult acute care areas received one week of nursing clinical skills classroom orientation, while novice nurses who went to work in a specialty area received up to two weeks of classroom orientation. During this time, novice nurses reviewed

specific policies, medication guidelines, occurrence reporting, wound care, safe patient handling, and admission and discharge protocols. Unit specific policies and procedures were reviewed with the novice nurses and equipment needed for these procedures was available for review and opportunities for practice were provided (Eastern Health, 2010).

The last section of the orientation program was an orientation to the specific nursing unit. Novice nurses were partnered with a co-assigned Registered Nurse on the unit or units where they would be going to work. All of the novice nurses who participated in this study had multiple co-assigned nurses during their orientation to the unit. The nursing unit orientation was the longest portion of the orientation program. It varied from four weeks to eight weeks, depending on where the novice nurse was hired to work. Novice nurses hired to work in specialty areas were given a longer period of orientation to their nursing units (Eastern Health, 2010). One of the novice nurses working in adult acute care asked for more time for orientation to the nursing unit, and was granted this extra time.

Data analysis occurred concurrently with data collection. Conducting the interviews and transcribing the audio recordings provided an opportunity to become familiar with the data. After completing the four readings of each transcript, I was left with a list of individual sentences for each transcript. As I read through this list of sentences, I noticed similarities that could be grouped into larger headings. With the identification of these headings, I organized each sentence from my four readings under the appropriate heading. If a sentence was suitable for multiple headings, it was placed in all appropriate headings. The themes identified were: disorganization and repetitiveness;

experiential advantage; multiple mentors; reality of role responsibility; feeling ready, positive and stressed; and supportive environments valued.

### **Disorganization and Repetitiveness**

All of the participants found the corporate and site orientation to be disorganized and the content repetitive. They reported certain topics were covered more than once and the schedule given to novice nurses outlining each day was not followed.

All of the participants reported an overlap with the content covered in the corporate and site orientation, specifically hand washing and infection control. One participant said,

I found [orientation] to be pretty informative but it was very repetitive. We had hand washing seminar four times.

Another participant said:

I know ... infection control is very important, but they beat it to death.

A third participant agreed:

Hand washing was very repetitive. They did that twice in general orientation and they did it in the classroom. So that was repetitive.

Another participant reported:

It's just certain topics are covered four times are you're like, I've already gotten it. So when you sit through it the fourth time, you're not really paying as much attention as you should to an important topic because you've heard it three times already.

It is important to note two participants had previously worked for Eastern Health in other capacities, for example as a nurse collegian or a personal care attendant. The reported repetition they experienced could also be related to previous orientation for their previous roles within the organization.

Three of the participants reported feeling the corporate portion of their orientation was disorganized. One of the participants reported:

I think it just wasn't really well planned out. We had a schedule and the schedule just wasn't followed...it was kind of, well, which room are we in? What are we doing today?

Another participant said:

I was scheduled on my offer letter... to start...I am not sure if it was a Tuesday or Wednesday, and in actual fact I was supposed to start the day before. If I had not been talking to other people who I graduated with who were starting at the same time, on the exact same units...I would have been a day late for starting.

Participants stated they wanted more information about their schedule, salary and benefits. The participants reported there was a scheduled time to be provided information about their union, but nobody showed up for this session. As reported by a participant:

We didn't have anything about our contract, anything about what we were owed as workers. So it's sort of play as you go kind of thing and I feel like I am totally blind when it comes to that.

Another participant said:

I think the biggest thing would be it would be nice to have someone come in and go over our contract. You get this big blue book in the mail and all this legal jargon and I've tried to read a lot of it and I haven't got a clue what its saying.

Another participant reported:

The person from our union didn't show up and we didn't have any contact with anyone from the union. I contacted the union and apparently we had to actually call the union ourselves to register our names to get the information to come out to us with our collective agreements, with our contact [person]. So we didn't even know that.

The missing union representation was a source of frustration for the participants. This added to the perception that orientation was disorganized, as a time slot was included in their orientation schedule, and the scheduled session did not go ahead.

### **Experiential Advantage**

The next theme identified through data analysis was experiential advantage. Six of the seven participants had completed a 10 week consolidated practicum during the last semester of their nursing program on the unit they were hired to work. In the Memorial University School of Nursing Bachelor of Nursing program students, during this last clinical placement, are given an opportunity to select the area they would like to be placed. They are co-assigned with Registered Nurses on the unit and they take on patient assignments (always under the supervision of the Registered Nurse) as would be expected of them when they finish their program and work as graduate nurses. This clinical course provides them an opportunity to further develop their professional nursing skills.

These six participants reported feeling a lot of support from their co-workers as they had known them from their previous experience on the unit while a student. These participants were familiar with the patient population of the unit, the location of supplies, and could be more independent than they could be on a unit where they had no previous experience. One participant reported:

On the unit that I had worked on [previously], I found I got a lot of support, mainly because I knew the people who were there and one big thing about starting with nursing is getting used to people's different personalities.

Another participant said:

I guess because I already did the ten weeks there on my independent that made the big difference. Because there were some [nurses] that were hired to work there that didn't work there [during nursing school] and they were a little bit different than I was getting used to it.

A participant who had been hired to work on two different nursing units reported:

Because I had been [on the unit] before, I knew some of the routines, I could kind of go on and be independent but still have a supervisor. I could learn. I don't know how to do this, but I didn't have the pressure of time constraints. But I found on the other unit, it was just where there was so much that I didn't know, I couldn't take on the full patient load, so I didn't learn time management as quickly there because I was still getting used to the unit itself. Because I started on the unit that I [had previous experience], I felt like I was kind of just brushing the dust off myself.

Five of the participants were hired in float positions. Three of these participants were hired to float between two units, and two participants were hired to float between six nursing units. Of the five participants who were hired to work in float positions, four had previous experience during nursing school on at least one of the nursing units. One participant had no previous experience on any of the units where she was hired to work.

Participants found floating difficult, as they would begin to adjust to one unit they would be moved to the next one. Having no previous experience on a unit and not knowing the daily routine was frustrating and difficult for participants. One of the participants reported starting on an unfamiliar unit was “terrifying.” Another participant spoke of her experience with floating:

Just as you are getting used to the routine on one floor, before you know it you’re moved somewhere else and you got to get into the routine again. So that was the only thing I found a bit difficult.

Sometimes the nurses on one unit would work together as a team to provide patient care and going from this unit to another where nurses worked independently to provide total patient care was difficult for the participant. Another participant reported by the time she finished all of the orientation shifts on the units she was hired to work, she forgot the routine from the unit she started with. All of these different routines were a source of frustration for participants.

Participants reported that when they began on a new unit it took extra time for them to figure out the location of supplies, the layout of the unit, and to whom they could



ask questions. This was difficult, as initially they didn't know anyone on the unit. In reference to orienting on a new unit, one participant said:

I was completely lost. I didn't know. Alright be there 7:30 ready to run and that is all I knew. I didn't know where the assignment sheet was. Didn't know anything. I was completely unprepared for that actually.

A participant stated:

I started on a new unit and there was so much that I didn't know. Because of this, she couldn't get as much practice with time management and workload, as she needed time to familiarize herself with the unit itself. It was evident from speaking with these participants that previous experience on a nursing unit during nursing school helped their transition.

### **Multiple Mentors**

All of the participants reported having multiple mentors for their orientation and this was noted to be a beneficial feature of their orientation. The mentors identified by the participants were clinical educators and co-assigned Registered Nurses. Having multiple co-assigned Registered Nurses gave the novice nurses an opportunity to see how each nurse organizes their day and completes daily tasks. Seeing the various ways nurses organized their care allowed the novice nurses an opportunity to learn from each of the nurses to help inform their own practice. Spending time with these co-assigned nurses also helped to ease the participants into the culture of the unit. One participant said:

Everybody's wonderful. They just kind of take you and help you along the way. I have been really fortunate to have really good nurses, like mentors. So I think that is the key... having those good mentors.

Another participant said:

... It's kind of hard when you have one person trying to teach you everything because they might have certain ways of doing things, you don't get to see anybody else do a certain way.

Another participant reported:

It was... actually better to be with different people because you learn a little bit- everyone does everything different and then you learn to pick what you find helpful with what different people do.

One participant, when speaking of her most beneficial learning experience, reported:

Having different nurses and learning different things from each of them.

While having multiple co-assigned nurses was found to be beneficial by all seven participants, two of the novice nurses also found this to be confusing at times. Seeing Registered Nurses do things differently left these participants to determine which way was the best way and which was right for them. One participant said:

So then you kind of have to look at, ok what is this person doing, what is that person doing? You know. Oh God they are different. Which one is right and which one am I more comfortable with? I had to choose what I wanted to do.

Another issue identified by the participants in relation to having multiple co-assigned nurses was some of these nurses to whom they were assigned were accustomed

to being co-assigned to novice nurses and some were not. The Registered Nurses who were familiar with precepting or mentoring were actively involved with trying to seek out new learning opportunities for the participants. Co-assigned Registered Nurses who were not familiar with this mentoring role would sometimes complete procedures themselves and forget they were orienting a novice nurse. This would take away these potential learning opportunities from the participant. One participant said:

My first [co-assigned nurse]... did look for experiences. The second one ...she didn't look for experiences for me. Like if someone was getting an IV put in, instead of saying, you know, my student would like to do that, they just went ahead and did it or let someone else do it.

If a participant experienced this situation, their experience would change when the co-assigned nurse changed. This was another perceived benefit of having multiple co-assigned nurses. One participant said:

If you butt heads at all it's a little awkward and I think it is nice that you get different people all the time.

All of the participants commented on the role of their co-assigned nurses in their orientation experience. The contribution co-assigned nurses make to novice nurses with their transition to the nursing unit was valued by the participants.

All of the participants reported feeling supported by their Clinical Educator. When asked about orientation, all of the participants commented on how helpful and available their clinical educators were for any questions they may have. When speaking of the clinical educator, one participant said:

The clinical educator on our unit ...is really close to everyone on the unit. She is wonderful. She is always there. She is always in her office; I think eight to four, or whatever. So if you have any questions, she said if we had a question, call me at home. So [the clinical educator] in particular is wonderful.

In a similar experience, another participant said:

The clinical educator ...was really helpful. She used to call us all the time and ask how we were doing, if we felt like we needed more time. Any questions, you know. She just didn't push us off in the classroom and leave us alone. She was really good.

All seven of the participants perceived support from the clinical educator was available to them any time it was required. They were thankful for this support and appreciated the clinical educator's contribution to their orientation.

### **Reality of Role Responsibility**

The realization of the responsibility associated with their new role was acknowledged by the participants in this research. This sense of responsibility was a source of stress for participants as their orientation program ended. They could no longer use the response "I am just the student" and did not have a co-assigned nurse to fall back on, as they did while in nursing school and orientation.

One participant said:

Even some days when I am sitting there I think, wow, I am a nurse! It was a bit scary starting off because you have all of these responsibilities. You have another person's life in your hands. So it was a little bit scary.

Another participant said:

It's just like when you know you don't have that co-assigned [nurse] to go to; it's going to be another step up. It is kind of creepy to know that I'm their nurse. There is no, oh could you get my nurse? I am that nurse. You know? It's pretty intense, but wonderful.

Similarly, another participant reported:

When your patient gets sick, you're the one responsible now. It's not you're a student, you can go to [the nurse]. When your patient [is] sick you're responsible. Being accountable 100 percent now that you are on your own. When your patient is getting sick and you have no one else but yourself. And in the night time, I find the biggest stressor is when the other nurse goes to break and you are in the unit and you are responsible for 16 patients on your own.

The realization of this responsibility was experienced by the participants during their orientation to the unit and upon finishing this section of the orientation program.

### **Feeling Ready, Positive, and Stressed**

All of the participants were asked to reflect on their transition experience and whether or not they felt prepared to begin working independently following orientation. At the time of the interview five of the seven participants had finished orientation and had been working on their own for a period of time from one week to ten months. Two of the participants had not finished orientation. One of these participants had one week remaining of orientation, while the other had two weeks.

Six participants reported they felt prepared to work on their own following orientation and were comfortable with the patient assignments. Some of them attributed this to their previous experience on the unit as a nursing student.

One participant said she did not feel prepared following orientation, and she worried about the other staff members thinking she was going to come in and take over the unit. It is important to note that this participant had no previous experience in any of the areas she was hired to work prior to finishing nursing school. This participant also worked in what would be considered a specialty area.

The majority of the novice nurses felt ready for working on their own (n=6) following completion of the orientation program. Many of them shared the thoughts of this participant:

I am very confident in my abilities to take care of [a] minimally critical patient.

But as soon as it goes above the minimal, that's where I think that I probably won't feel comfortable.

Another participant commented:

You are always going to be nervous the first couple of shifts when you are not co-assigned. I've got to do it, so it's just as well to do it now. But I do feel very well prepared.

One participant noted:

I don't know if you ever feel ready. It is just something you do. I've got to do it, so it is just as well to do it now.

When asked how the orientation program prepared them for practice, the participants said it was more of a review of content they learned in nursing school. One participant said:

It [orientation] warmed us up to Eastern Health, the Health Sciences... it was kind of like still being in school but it was just things were a little more relevant.

Another participant said:

I think it all comes from your school experience. So if your school prepares you, then I think orientation is set up properly.

Another participant agreed:

You are pretty well prepared by the time you get here [to orientation]. Nursing school took care of that.

The participants who reported feeling comfortable and ready for practice following the end of the orientation program (n=6), felt they may not have felt as prepared if they had not completed a clinical placement in the area during nursing school.

Time management was also a source of stress for the participants in this study. They reported they were slower performing certain tasks and they were taking extra time to find supplies they needed. One of the participants reported staying late to finish her documentation. She reported:

I still have a lot to learn when it comes to getting everything charted on time. I never leave at 7:30. Never. I still write notes according to the way we are trained, in like the DAR [Data, Action, Response]. Like very detailed notes and I find a lot of nurses who have been there for a while, their notes are a quarter of a page and

mine are half a page. I also have to learn to control the time I spend with a patient -- too much sometimes. I've got to learn to prioritize a little bit better.

Another participant reported missing breaks to make sure her work was done properly.

She said:

When I came off orientation on the unit that I wasn't used to, I was missing my breaks and stuff because I wanted to make sure everything was done properly. It was just part of the learning experience.

Another participant reported:

Time management is a big thing. I feel like I have to do everything all by myself at the one time. Like I said, I can ask questions but I don't like delegating. So that has been a big stressor for me.

The majority of this group of participants (n=6) reported feeling ready for practice following the end of their orientation program. They spoke of the stressors they experienced in this adjustment to working on their own, without the assistance of a co-assigned nurse. These stressors were anticipated by the participants and all felt their overall transition experience from a student to a novice nurse was positive.

### **Supportive Environments Valued**

Another theme identified in my discussions with participants was supportive environments are valued by novice nurses. Participants valued supportive cultures in their workplace provided by their nursing managers, charge nurses, patient care coordinators and other staff members.

One participant said:



Everyone who works on the unit, they are always, “if you have any questions let us know. We would rather you ask a question than do something you are unsure of.” Everyone has been really supportive and fantastic. I can actually feel comfortable asking anybody on the unit any question.

The participants felt support when situations arose and their co-workers made adjustments so the participants would feel comfortable. For example, one participant said:

They didn’t really assign me any of the extremely ill patients. I was assigned to those gradually. I had one example where I was assigned for an admission and an extremely ill patient with multiple meds multiple times throughout the shift and they accommodated me where, you know we will change your assignment so you won’t feel so rushed to get everything done. Don’t get too overwhelmed right now. So they were no problem, no questions asked. So that was really great.

One of the participants asked for a few extra orientation shifts on the unit where she had no previous experience and was given the extra shifts. This helped instill a feeling of support and sense of control for the participant. Another participant reported she was offered an opportunity to extend clinical orientation if required. While she did not avail of this, she knew of other novice nurses who had. This opportunity was valued by the participants.

### **Novel Narratives**

Through the process of transcription and analysis of data, experiences arose that were unique to one participant’s experience and were not shared by others. These experiences were noteworthy, despite being experienced by only one of the participants.

One participant spoke of an experience on a unit where there were pre-existing morale issues among staff members. During an orientation shift on this unit, the novice nurse witnessed an argument between two Registered Nurses. The participant described this experience:

Short staffing is an issue there and everyone is over worked and from that you are going to be more negative... you're not really looking forward to working there...you're not really looking to participate in discussion. You're not sure what to say and what not to say because it is almost like working in a war zone.

When asked how this experience influenced her orientation, she said:

I definitely felt that it affected me. So you can see that is sort of negative.

At the beginning of her practice, she preferred the unit where she had previous experience due to staff issues on the other unit. Now, she said she prefers the other unit, as the patients are more acute and you see a variety of patient conditions.

One of the participants experienced the effect of staff shortages months after she had finished orientation. With a number of sick calls for a night shift, one nurse from the 12-hour day shift was asked to stay and work another 12-hour night shift to ensure there were enough staff members on the unit to cover the shift. When nobody volunteered, all of the nurses' names were entered into a draw. The participant's name was selected, and she was required to work the night shift, meaning she was to work for a continuous 24 hours. This is when the participant became familiar with her union contract, as this had not been covered in the orientation she received. She was frustrated with the response of her co-workers who were disappointed she wouldn't be working her next scheduled shift.

This meant they would now have one less nurse scheduled to work during their shift. The participant expressed her frustration:

I was scheduled to work a day shift and my name was drawn to work the day and night together. I never came in [for my shift the next night] because I was just so tired. Rather than saying thank you [for working the 24 hour shift], it was, you're not coming in Sunday night? And I didn't even complain about the 24 hour shift. Someone has to do it. The fact that I put up with it, did my job and nobody appreciated it.

Another participant's experience with staff shortages occurred during orientation. There was only one Registered Nurse on the unit where she was being oriented. This Registered Nurse was co-assigned to two novice nurses, who were completing their orientation and a preceptored nursing student. This affected the experiences the participant received during this orientation shift. She said:

It was hard because we needed to learn and so did they [students]. So sometimes we didn't get to do as much as what we maybe should have done because the student was there doing it too.

## **Chapter Summary**

The participants reported the orientation program introduced them to Eastern Health, the areas where they would be working, and what would be expected of them in their new roles. The program reviewed important concepts taught in nursing school that may not have been seen in clinical experiences during school. It also provided a review of skills and procedures the novice nurses learned as students, but were not allowed to do

while in the student role. When participants were asked about their experiences in orientation, all seven participants said their transition experience was generally positive.

There were six themes identified through analysis of the information I obtained through the interviews with novice nurses. The participants reported the corporate and site specific orientation were disorganized and repetitive. The theme of experiential advantage highlighted the role of previous experience on the successful transition for participants. Participants reported that having multiple mentors throughout their orientation was beneficial. These mentors included co-assigned Registered Nurses and clinical educators. The reality of the responsibility associated with the role of novice nurse was another identified theme. Feeling ready, positive and stressed highlighted the experience of the participants as they finished or neared the end of their orientation programs. The final theme identified was supportive environments are valued by novice nurses.

From the identified themes, there are many conclusions and recommendations to be made about orientation and novice nurse education. These conclusions and recommendations will be explored in the next chapter.

## **Chapter 5. Discussion, Implications and Recommendations**

This research explored the experiences of novice nurses who had recently completed an orientation program for their first work experience in Eastern Health, St. John's, Newfoundland. Research has shown the positive influence successful orientation programs can have on the transition experience of novice nurses (Casey et al., 2004). The transitional period of orientation has been shown to influence novice nurse confidence, satisfaction, and retention (Cowin & Hengstberger-Sims, 2006; Gavlak, 2007). The research questions to be explored in this study were: What are novice nurse experiences during orientation? What are novice nurse perceptions of how orientation prepares them for nursing practice? The conclusions and recommendations from my research will be discussed in the following sections.

### **Strengths and Limitations**

Initially I set out to meet with novice nurses who were hired to work in adult medical and surgical areas within the Health Sciences Centre and St. Clare's Mercy Hospital in Eastern Health. When I attended the nursing orientation, I was not aware that I was also speaking with novice nurses working in pediatric medical-surgical areas, mental health and addictions, and rehabilitation and long term care. I believe this was very beneficial for my research. It provided a diverse group of participants and as a result, I feel I obtained rich data, because the experiences of this diverse group were similar.

The small sample size ( $n=7$ ) could be perceived as a limitation of the study as this would not be an adequate reflection of the experience of the broader novice nurse

population. However, the nature of this study design was to explore the experiences of novice nurses who participated, and not to make generalizations to a larger population. It is important to note that of the 57 novice nurses who had expressed interest in participating in this research during orientation, I only interviewed seven. I can only speculate as to why there was such a discrepancy between the initial number of the novice nurses who expressed interest and the final number of participants. Novice nurses are busy with their transition from student life to that of a novice nurse and getting through their orientation, and as a result, may not have contacted me to participate. They have begun a new chapter in their lives and it can be both stressful and exciting. Taking time on their day off to come and talk about their experiences may not have been high on their list of priorities, especially once they finished orientation, as they may have felt it would not benefit them. I tried to address this in my recruitment session at their orientation, by explaining that the information could be very useful to novice nurses who would come after them.

It is also important to note all of the participants were graduates of the same nursing degree program and as part of this program, completed a variety of clinical placements in different areas of Eastern Health. This previous exposure to the health care institution may have influenced their preparedness for their new roles and as a result, my findings may have been different if there were novice nurses who had completed their nursing program in a different province.

### **Lessons Learned**

Throughout this process, I learned many valuable lessons that will help me in future research projects. This was my first experience being involved in research. Because of this, there were a few things that I would have changed. I would have piloted my interview semi-structured questions before meeting with a participant. This would have provided an opportunity to make any changes, additions or deletions before interviewing participants. I revised my semi-structured questions following each interview and by the end of my seventh interview I had a more complete list of questions.

Having analyzed the data I collected and looked at the themes, I would ask more questions related to the experiences of novice nurses during their nursing education. Six of the participants had completed a clinical rotation on one of the units where they were hired to work upon graduation. This was not an area of discussion in many other research projects that I came across during my literature review. As a result, the important role of previous experience was an interesting finding. For this reason, it would have been valuable to have more in-depth discussions with the participants about their experiences as students to see how these experiences helped prepare them for practice.

I would have also included more information on my demographic survey. I could have asked more information about their current position, their duties and their previous experience. This information would have been helpful to have as it would have allowed me to explore the differences in their role as students compared to their new role as a novice nurses. I was able to gather this information by reviewing the interview

transcripts. It would have been helpful to have this information collected in one place, such as a demographic survey.

I was consistent in the use of the list of semi-structured questions that I had prepared for most of the interviews. At various points in the interview I could have further probed the novice nurse to explore the topic of conversation, but instead I moved on to the next question. This could be why some of the themes came through, as all of the participants were asked the same, or similar questions. I attribute this to being my first time completing interviews and being involved in research.

## **Discussion**

Many novice nurses experience stress as they begin their first job as graduate nurses. Orientation programs provided by health care institutions can assist novice nurses through this transitional period. The overarching themes applicable to novice nurse orientation identified in this research are: multiple mentors are beneficial; previous experience in a specific work area positively influences the transition experience for novice nurses; and novice nurses are ready to assume their new role following orientation.

The novice nurses in this study reported having multiple mentors was beneficial for them. My results align with those of Smith and Chalker (2005) and Nugent (2008), who found multiple preceptors and mentors to be beneficial for novice nurses. In these research studies, novice nurses reported an important benefit of working with multiple nurses exposed them to a variety of skills and different ways of doing things. All of the novice nurses in my research had multiple co-assigned nurses during their orientation to the nursing unit. The novice nurses reported having multiple co-assigned nurses provided



them an opportunity to see how different nurses organize their day. The novice nurses could choose what they felt worked best for them to form their own practice.

This is not, however, consistent with the findings of Casey et al. (2004), Delaney (2003), or Beecroft et al. (2008). Novice nurses in these research studies reported their orientation did not progress as smoothly when inconsistent preceptors or mentors were utilized (Beecroft et al., 2008; Casey et al., 2008; Delaney, 2003). Two of the novice nurses in my research acknowledged on some occasions seeing multiple ways of organizing their day and performing procedures were sometimes confusing. They were left to determine what worked best for them, and what was right or wrong. However both of these novice nurses agreed with the other five participants that overall, having multiple co-assigned nurses was beneficial and was seen as a positive aspect of their orientation program.

The second overarching theme identified was the role of previous experience on their nursing unit during nursing school. Six of the novice nurses had previous experience on the unit where they were hired to work. This previous experience was during an eight-week preceptorship experience in their third year or a ten-week consolidated practicum in the final year of their nursing program. This previous experience was attributed by the novice nurses to have helped them immensely in preparing them to work in the areas they were hired. From this experience, they knew many of the staff members, the unit routine and knew what was expected of them as nurses on the unit. This was not a prominent finding in my review of the literature. Maddalena et al. (2012) found in their research that novice nurses who had previous experience as a student on a unit were more likely to

have a positive transition experience. This was a very interesting finding because it suggests the important role previous experience has on preparing novice nurses for employment and an interesting area for future research.

The final overarching theme was novice nurses are ready to assume their new role following orientation. This finding was consistent with that of Delaney (2003) and Newton and McKenna (2007). Novice nurses in these research studies reported feeling ready to assume the role of a nurse at the end of their orientation programs. A number of research studies report, however, that novice nurses are not confident until the end of their first year to 18 months of practice (Casey et al., 2004; Newhouse et al., 2007).

Six of the novice nurses in this research reported feeling prepared for practice following orientation and many of them attributed this to their previous experience as students. One of the novice nurses had no previous experience on the units where she was hired to work. She reported she did not feel ready to work on her own following the end of the orientation program. When asked how the orientation program prepared them for practice, the novice nurses said they felt the program was a good way to ease them into their new roles. It provided a good review of procedures and information on what would be expected of them in their new roles. The novice nurses felt orientation was set up appropriately because nursing school prepared them to begin their career. This is an important finding for Schools of Nursing, as it demonstrates from the perception of the novice nurses in this study, nursing school is adequately preparing nurses for practice.

### **Implications for Nursing Practice**

The conclusions from this research can have important implications for nursing practice, education and administration.

**Practice.** The findings from this research can help to demonstrate to the Registered Nurses, who are co-assigned to novice nurses, that they are important and valued. Through highlighting the valuable contribution Registered Nurses who are co-assigned to orient novice nurses, this may increase the number of nurses who volunteer to help with orienting a novice nurse. If these Registered Nurses have training and time to orient novice nurses, the experience will be enhanced for novice nurses. The more prepared novice nurses are for practice, the more confident they will be when caring for their patients and the more they can contribute to the team with whom they work. It also demonstrates the value of aligning final clinical rotations in nursing school with places for hire as this helps with the comfort level of novice nurses. Ensuring a supportive culture for novice nurses in the workplace is also an important implication for nursing practice. This helps enhance the comfort of novice nurses as they begin work and positively influences their transition experience.

**Education.** The findings positively reinforce the importance of increasing clinical time to instill confidence and prepare novice nurses. The transition from student to novice nurse was positive for the participants in this study and this was attributed to the fact they had all been placed within Eastern Health when they were students. Clinical time is valued by novice nurses and the more experience they obtain in their nursing degree program, the more prepared they will feel for working when they finish. The findings

support assigning clinical experiences in areas where student nurses may work upon graduation (specifically preceptorship and consolidated practicum). A possibility could be to match vacancies on specific nursing units with the placements assigned for consolidated practicum. This overlap in education experience could be very effective in addressing unit needs and novice nurse experience when the student graduates. Another implication from these findings is including information about the collective agreement in the orientation program as well as assisting novice nurses with time management skills. The organization and school of nursing could look at the novice nurse orientation and the nursing curriculum to address the issues of overlap and repetition experienced by the novice nurses.

**Administration.** The findings from this research can influence the way orientation programs are organized and enhance the orientation experience for novice nurses. If the majority of novice nurses are supported during their orientation and feel prepared to practice on their own, it seems more likely they will remain in their position. This has an obvious benefit to administration in a health care institution, as there is a cost associated with orienting a nurse to a new unit. The orientation provided by Eastern Health was viewed by most as helpful, but more so as refresher to introduce the novice nurses to the organization and to their new roles. This may be different for non-Memorial University nursing graduates. Another implication for administration is related to staffing and workload issues experienced by the novice nurses. Adequate staffing is essential for novice nurses to get the richest experience during their orientation shifts.

## **Conclusions**

The orientation program provided by Eastern Health for the novice nurses in this research introduced the new nurses to the health care institution through a corporate, site and unit specific orientation. The novice nurses found this part of the program to be disorganized and repetitive. Many of the novice nurses reported the schedule they were given outlining this orientation was not followed and there was confusion regarding who would be presenting and where presentations would take place. They found part of orientation helpful for introducing them to Eastern Health and the hospitals where they would be working. All of these novice nurses had completed clinical placements in Eastern Health facilities during their nursing education. Others had worked for the organization in other roles, for example as a personal care attendant and nurse collegian, prior to beginning work as a graduate nurse. This could also be a contributing factor to their perceived repetition of the orientation content, as they were already familiar with Eastern Health through these previous experiences.

The novice nurses reported the next part of the orientation program, the nursing clinical skills classroom orientation, was a good review of policies and procedures. They found it a refresher of procedures they had not had an opportunity to complete in clinical placements while in nursing school. The novice nurses found the information provided to them about the new equipment was very helpful in preparing them for their next part of the program, the nursing unit orientation.

The orientation to the clinical area was viewed as the highlight of the orientation program. Novice nurses were able to see the role of the nurse in the area they would be

working. The co-assigned nurses and clinical educators were valued by all of the novice nurses and the support and guidance they offered was appreciated by the novice nurses. The novice nurses found supportive environments in their new work areas, as this was valued by the novice nurses. Many of the novice nurses felt supported by their co-workers and managers and were thankful for this support.

Throughout the orientation to the nursing unit and as the orientation program concluded, the realization of the responsibility associated with being a graduate nurse set in for many of the novice nurses. They came to the realization there was no longer a clinical instructor to defer to and they were now responsible for providing care to their patients. This was a source of stress to some of the novice nurses. Despite this, the majority of the novice nurses felt ready to assume the role of a nurse following their orientation and described their transition experience as being positive.

### **Recommendations**

There are nine recommendations that I offer based on this research. These recommendations come from a combination of my interactions with the participants in this study, the information found in my review of the literature on orientation for novice nurses, and my own experiences with orientation. The recommendations are broad and may possibly work for organizations in a general sense. Some may be more applicable to Eastern Health than others. These recommendations will be discussed individually.

1. **Schools of Nursing should work with health care institutions to encourage nursing students to complete clinical placements in areas where they would consider working**; From my experience with student nurses, in their final year of

their nursing program, many choose to go to specialty areas for their final clinical placements. They are interested to see the role of a nurse working in these areas. However, the majority of new nurses will be hired for positions in general acute medical-surgical areas. It would be beneficial for faculty at schools of nursing to counsel nursing students in their final year on considering where they want to work when they finish and also consider specific unit needs. The students could then be encouraged to complete their final clinical placements in these areas. This final clinical experience will give the student nurse an opportunity to meet the staff members on the unit and to learn the routine of the unit and what will be expected of them as a graduate nurse. This experience will also help to ease the transition from student to novice nurse.

2. **The organization should consider re-instating Nurse Collegians:** Nurse

Collegians are nursing students who have completed their third year of a nursing program and are hired to work in acute and long term care facilities where they are allowed to practice all skills and competencies within their scope of practice. A key finding of this research was the important role of previous experience in preparing novice nurses for nursing practice. Two of the novice nurses in this study had previous experience as a nurse collegian. This role provided more experience prior to finishing their last year of their nursing program. Recently, Eastern Health ended the nurse collegian position. This is potentially a valuable role to have available for student nurses during nursing school.

3. **The organization should provide information about the union:** The novice nurses in this study wanted more information early in their orientation about their union contract and what benefits they were entitled to as new employees. They wanted to know their vacation entitlement, sick time benefits, and what was required of them in regards to over time. While this was scheduled to be included in the orientation session, many of the novice nurses in this study reported there was no representative from their union and this section of orientation was often overlooked. This could be easily remedied by administration ensuring the union representation is confirmed for their scheduled sessions during each orientation. When I completed my orientation with Eastern Health, six years ago, I remember this being on our orientation schedule, but no representative from the union showed up to provide information.
4. **The organization should pilot a mentorship program for novice nurses:** One of the novice nurses was in a mentorship program following completion of her orientation program and she was enjoying this experience. Another novice nurse made a suggestion that following orientation, all novice nurses should be offered a senior nurse mentor who would work the same scheduled shifts as the novice nurse and would be an assigned resource person for the novice nurse. This could be an effective way to ensure support is provided for novice nurses, as they would still practice independently, but know there is a support person available if needed. The nurse mentors would need to be provided education for this role and a reward for taking on such a role would aid in recruitment.



5. **The organization should consider variable lengths of orientation for novice**

**nurses:** The orientation program is currently a one size fits all and could be tailored to suit the needs of the nurse. The program could be organized in modules. The various modules could be combined to meet the nurses' needs. The novice nurses who had previous experience working in other roles in Eastern Health, as a patient care attendant or nurse collegian had attended similar orientation programs for these positions. These novice nurses may not need the detailed corporate orientation, as they would have already completed it. The corporate orientation for these nurses may need to be shortened in length and include only updates that would be different for their roles of graduate nurses. Those novice nurses who have completed their preceptorship or consolidated practicum during nursing school on the unit where they are going to work may not feel they need as much clinical orientation as those who have no previous experience.

6. **Management should schedule regular follow up with novice nurses to provide**

**and seek feedback to ensure they have adequate support:** A few of the novice nurses in this study reported a follow up session with their clinical educator to review a competency assessment tool to record the types of experiences the novice nurse is having in the area they work. None of the novice nurses reported having met with their manager for a routine check-in or receiving any feedback on their performance. This would be very beneficial at regular intervals (e.g. one month,

two months, six months, and one year), to help novice nurses realize their strengths and to provide an opportunity to address any areas for improvement.

7. **The organization should provide education or orientation sessions for co-**

**assigned nurses**: Co-assigned nurses were an essential component of the orientation process for novice nurses. The experience obtained through this portion of orientation was highly valued by the novice nurses. Several of the novice nurses spoke of co-assigned nurses who were not as helpful as other co-assigned nurses. The novice nurses attributed this to the nurses not having much previous experience as preceptors or co-assigned nurses. A recommendation from this research is for Registered Nurses to be offered an opportunity to attend classes to help prepare them for working with novice nurses and assisting these new nurses to function independently. These classes could also provide some information about teaching and learning strategies these nurses could use when orienting a new nurse. This could improve the experience for both the co-assigned nurses and the novice nurses they are orienting. These sessions could be made mandatory for any nurse who is interested in being co-assigned to novice nurses. If this became mandatory, the co-assigned nurses would need to be given some time off to attend these sessions.

8. **The organization should show recognition to co-assigned nurses**: Another recommendation is for more value to be given to the time that co-assigned nurses give to helping novice nurses. For example, when they are partnered with a novice nurse for orientation, a lower patient acuity assignment could be given, where

possible, to allow for extra time to explain routines and procedures to a new nurse.

This may help the co-assigned nurses to feel valued and appreciated by the organization and improve the orientation experience for novice nurses.

9. **The organization in collaboration with nursing managers should seek experienced Registered Nurses to act in the role of mentor or preceptor for**

**novice nurses**: When novice nurses are assigned to more experienced nurse mentors and preceptors, they often report a more successful transition than when they are assigned a more junior nurse. The longer the nurse has been in the field, the more they may have to offer as a mentor. More experienced nurses are comfortable with their own practice and know the culture on the nursing unit well, and are able to provide encouragement and support novice nurses need during this important period of time.

### **Suggestions for further research**

This research adds to the body of nursing research in Newfoundland and Labrador regarding orientation and novice nurses. It also demonstrates the positive effect clinical placements during nursing school have on preparing novice nurses for practice, especially when Eastern Health was the clinical site utilized for the school. An important finding of this research was the important role of previous experience in helping to ease the transition from student to novice nurse. During my review of the literature, there were not many studies that discussed this aspect of orientation. Further research needs to be conducted on the role of previous experience during nursing school and how it influences the transition experience of novice nurses and their needs during orientation.

It would also be beneficial to explore various methods of orientation that could be offered to novice nurses. This relates to the previous experiences they had in nursing school. Some novice nurses may need more time in a classroom setting, while others would benefit from more time in the clinical area. Some novice nurses feel more secure being partnered with a co-assigned nurse and share a patient assignment, while others would prefer to have a little more independence with a designated nurse mentor.

It would also be important to compare the experience of novice nurses who completed their nursing education in Newfoundland and Labrador with the experience of those who have completed it outside of the province. Would these novice nurses find the orientation program offered by Eastern Health more useful than those who were familiar with the health care institution from their nursing school experiences?

Following up with these nurses in a year or two would also be of great value to see whether they remained in the same area(s) and what their experiences were during their first year. When I asked the novice nurses if there was anything they would have had more experience with in orientation, they were unable to identify anything specific. I wonder if this would have changed if they were asked this question six months after finishing orientation when they have been working independently for an extended period of time.

### **Personal Reflection**

Completing this research was a very valuable learning experience for me. Through meeting with these seven novice nurses I was able to better understand their experiences during orientation and the results from this research can hopefully have a positive

influence on orientation for future novice nurses. The positive influence of previous clinical experiences during nursing school on how prepared novice nurses were for nursing practice was an unanticipated finding when I began this research. As I work in nursing education, this is of particular importance, as this is something that can be taken in to account when counseling student nurses on their choices for final placements.

Novice nurses are the future of our health care system. It is important to provide them with rich experiences to ensure they feel comfortable and confident in their roles. The orientation program provided to novice nurses in their first job as graduate nurses is their entry point to the professional role. If orientation programs are designed to meet the needs of each novice nurse, they will feel ready to begin work on their own. This positively influences their transition experience and as a result, positively contributes to the nursing unit where they work and in the longer term, retention. Novice nurses bring with them previous experiences from their nursing education as they enter the profession. The partnerships that exist between schools of nursing and health care organizations can help ensure novice nurses get the experience they need to become confident and competent nurses. When competent novice nurses enter the health care system and feel supported, this will enhance the nursing profession, the organization and improve patient outcomes.

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**Appendix A – Recruitment Poster #1****Recruitment Notice**

Are you a novice nurse? Did you complete Eastern Health's orientation for new employees between April and October, 2010? If so, I would like to meet with you to discuss your experiences during orientation.

My name is Ashley Healey and I am a Master of Nursing student at Memorial University. The purpose of my thesis is to explore your perception of how orientation prepared you for nursing practice.

Please contact me if you are interested in participating or learning more about the study. Participation is voluntary and all information obtained will remain confidential. Meetings are anticipated to take 1 hour and will occur at a time and place that is convenient for you.

I look forward to hearing from you!

Ashley Healey

(709) 697-3647

[achealey@mun.ca](mailto:achealey@mun.ca)

## **Appendix B – Recruitment Poster #2**

### **Research Study**

Did you graduate from nursing school in 2010 or 2011?

Did you complete Eastern Health's orientation in 2010 or 2011?

If so, I would like to speak to you to discuss your experiences during orientation.

This will take approximately one hour of your time. Your privacy will be protected as a participant in this study.

Please contact me to learn more about this study:

Ashley Healey BN RN

697-3647

[achealey@mun.ca](mailto:achealey@mun.ca)

I am completing this study as a Master of Nursing student at Memorial.

I look forward to hearing from you

## **Appendix C – Semi-Structured Interview Questions**

- Tell me about yourself:
- Where do you work?
- Have you finished your orientation?
- When did you finish?
- Have you had previous experience on this unit?
- Tell me about your orientation? How was your orientation?
- Tell me about your classroom orientation?
- Tell me about your clinical orientation?
- What topics were covered in orientation?
- Did you find the presentations helpful? Relevant?
- What information should be presented when?
- What supports were provided during orientation?
- How did you find the length of the orientation program?
- What have been your most beneficial learning experiences during orientation?
- What have been the least helpful experiences?
- What would you identify as strengths of the program?
- What would you identify as weaknesses or areas of improvement for this orientation program?
- Did you feel prepared to work on your own following completion of orientation?



- What kind of things, if any, would you like to have had more time/experience with to better prepare you for practice?
- What have been the greatest stressors for you as a new graduate nurse?
- How could orientation better support new nurses as they transition to graduate nurses?
- Are there any workplace resources or supports that you feel would benefit you now?
- Is there anything you would like to add that I haven't already asked you?

## **Appendix D – Human Investigation Committee Consent**

### **Consent to Take Part in Research**

**TITLE:** An Exploration of Novice Nurses' Perceptions of How Orientation Prepares them for Nursing Practice

**INVESTIGATOR(S):** Ashley Healey BN RN

**You have been invited to take part in a research study. It is up to you to decide whether to be in the study or not. Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains the study.**

**The researchers will:**

- discuss the study with you
- answer your questions
- keep confidential any information which could identify you personally
- be available during the study to deal with problems and answer questions

**If you decide not to take part or to leave the study this will not affect your position with Eastern Health.**

**1. Introduction/Background:**

Orientation to a novice nurse's first job marks the start of their new career. During this time, novice nurses may face many new learning experiences. This period of time can affect how a nurse views his or her job, and how long they stay in this job. The health care system is dealing with a nursing shortage that may get worse as the population ages. This makes getting and keeping novice nurses vital for the health care system. When novice nurses feel prepared and ready to begin their new jobs, they are more likely to be happier and stay in their jobs.

**2. Purpose of study:**

The purpose of this study is to explore novice nurses' perceptions of how orientation prepares them for nursing practice.

**3. Description of the study procedures and tests:**

For this study you will be asked to meet with Ashley Healey for one interview and to fill out a demographic questionnaire. The interview will take place at a place and time that works best for you. This meeting will be audio taped with your consent. The recording will be stored in a locked drawer at the Ashley Healey's office during the study. During the meeting you will be asked about your experiences during orientation and how you feel it has prepared you for your new role. The findings of the study will be shared with you.

**4. Length of time:**

You will be asked to meet for one interview, which should take about one hour. During this time, you will be asked to complete the questionnaire. Once the study has end, you will be invited to attend a public presentation of the study findings or you can get a copy of the findings by e-mail. This will give you a chance to give any feedback that you may have about the study. This is optional.

**5. Possible risks and discomforts:**

Your participation in this study is voluntary and you may choose not to participate at any time if you change your mind. Every effort will be made to keep your privacy and ensure that information will not be traced back to you. Your name will not appear on any paper copies of the interview transcript. If any problem comes up during our meeting, I will provide you with the number to contact the Employee and Family Assistance Program at Eastern Health. This program can help you with any problem that you may have to enhance your health and well-being,

**6. Benefits:**

It is not known whether this study will benefit you.

**7. Liability statement:**

Signing this form gives me your consent to be in this study. It tells me that you understand the information about the research study. When you sign this form, you **do** not give up your legal rights. Researchers or agencies involved in this research study still have their legal and professional responsibilities.

**8. What about my privacy and confidentiality?**

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. However it cannot be guaranteed. For example we may be required by law to allow access to research records. Your name will not appear on any paper copy of the interview.

When you sign this consent form you give us permission to

- Collect information from you
- Share information with the people conducting the study
- Share information with the people responsible for protecting your safety

### **Access to records**

The members of the research team will see study records that identify you by name.

Other people may need to look at the study records that identify you by name. This might include the research ethics board. You may ask to see the list of these people.

They can look at your records only when one of the research team is present.

### **Use of records**

The research team will collect and use only the information they need for this research study.

This information will include your

- age
- sex
- any previous experience working in a health care setting
- information from study interviews

Your name and contact information will be kept secure by the researcher in Newfoundland and Labrador. It will not be shared with others without your permission. Your name will not appear in any report or article published as a result of this study.

Information collected for this study will kept for 5 years.

If you decide to withdraw from the study, the information collected up to that time will continue to be used by the researcher. It may not be removed. This information will only be used for the purposes of this study.

Information collected and used by the research team will be stored by Ashley Healey. Ashley Healey is the person responsible for keeping it secure.

**Your access to records**

You may ask the researcher to see the information that has been collected about you.

**9. Questions:**

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution.

That person is: Ashley Healey

**Principal Investigator's Name and Phone Number**

Ashley Healey, BN RN  
Master of Nursing Student, Memorial University  
Telephone: (709) 697-3647  
E-mail: [achealey@mun.ca](mailto:achealey@mun.ca)

**You can also contact the supervisors for this project:**

Dr. Anne Kearney, BN, MHSc, PhD  
Assistant Professor, School of Nursing and Faculty of Medicine  
Telephone: 777-6754  
E-mail: [akearney@mun.ca](mailto:akearney@mun.ca)

Dr. Victor Maddalena, BN, MHSA, PhD  
Assistant Professor of Health Policy and Health Service Delivery  
Telephone: 777-8539  
E-mail: [victor.maddalena@med.mun.ca](mailto:victor.maddalena@med.mun.ca)

**Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through: Office of the Human Investigation Committee (HIC) at 709-777-6974 or E-mail: [hic@mun.ca](mailto:hic@mun.ca)**

**After signing this consent you will be given a copy.**

## Signature Page

**Study title: An Exploration of Novice Nurses' Perceptions of How Orientation Prepares them for Nursing Practice**

**Name of principal investigator: Ashley Healey**

**To be filled out and signed by the participant:**

Please check as appropriate:

I have read the consent	Yes { }	No { }
I have had the opportunity to ask questions/to discuss this study	Yes { }	No { }
I have received satisfactory answers to all of my questions.	Yes { }	No { }
 I have received enough information about the study	 Yes { }	 No { }
I have spoken to Ashley Healey and he/she has answered my questions	Yes { }	No { }
I understand that I am free to withdraw from the study	Yes { }	No { }
• at any time		
• without having to give a reason		
• without affecting my position at Eastern Health		
 I understand that it is my choice to be in the study and that I may not benefit	 Yes { }	 No { }
I agree to be audio taped	Yes { }	No { }
 I agree to take part in this study	 Yes { }	 No { }
I would like a copy of the final report of study findings	Yes { }	No { }

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness (if applicable)

\_\_\_\_\_  
Date

**To be signed by the investigator or person obtaining consent**

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

\_\_\_\_\_  
Signature of investigator/person obtaining consent      Date

Telephone number: \_\_\_\_\_

## Appendix E – Demographic Survey

### Demographic Questionnaire

1. Gender?
  - a. Male
  - b. Female
  
2. Age? (optional) \_\_\_\_\_
  
3. Which program did you complete?
  - a. BN Collaborative Program – Regular Stream
  - b. BN Collaborative Program - Fast Track Stream
  
4. Have you had previous experience working in health care prior to becoming a graduate nurse? Please check all that apply
  - a. Volunteer
  - b. Personal Observation Attendant
  - c. Personal Care Attendant
  - d. Nurse Collegian
  - e. Licensed Practical Nurse
  - f. No other previous experience
  - g. Other (please specify)\_\_\_\_\_
  
5. Prior to being hired to work on your current unit did you have any previous clinical experience on this unit?
  - a. Yes (If yes, for how long\_\_\_\_\_)
  - b. No



## Appendix F – Human Investigations Committee Approval



### Faculty of Medicine

Human Investigation Committee  
Suite 200, 2<sup>nd</sup> Floor Bonaventure Place  
95 Bonaventure Avenue  
St. John's, NL Canada A1B 2X5  
Tel: 709 777 6974 Fax: 709 777 8776  
hic@mun.ca www.med.mun.ca/hic

October 5, 2010

Ms. Ashley Healey  
35 North side tract  
15 Witless Bay  
Newfoundland  
A0A 4K0

Dear Ms. Healey:

### Reference #10.157

**Re: An exploration of Novice Nurses' perceptions of how orientation prepares them for nursing practice**

Your application received an expedited review by a Sub-Committee of the Human Investigation Committee and **full approval** was granted effective **October 4, 2010**.

This approval will lapse on **October 3, 2011**. It is your responsibility to ensure that the Ethics Renewal form is forwarded to the HIC office prior to the renewal date. *The information provided in this form must be current to the time of submission and submitted to the HIC not less than 30 nor more than 45 days of the anniversary of your approval date.* The Ethics Renewal form can be downloaded from the HIC website <http://www.med.mun.ca/hic/downloads/Annual%20Update%20Form.doc>

*The Human Investigation Committee advises THAT IF YOU DO NOT return the completed Ethics Renewal form prior to date of renewal:*

- *Your ethics approval will lapse*
- *You will be required to stop research activity immediately*
- *You may not be permitted to restart the study until you reapply for and receive approval to undertake the study again*

*Lapse in ethics approval may result in interruption or termination of funding*

**It is your responsibility to seek the necessary approval from Eastern Health, other hospital boards and/or organizations as appropriate.**

**Modifications of the protocol/consent are not permitted without prior approval from the Human Investigation Committee. Implementing changes in the protocol/consent without HIC approval may result in the approval of your research study being revoked, necessitating cessation of all related**

research activity. Request for modification to the protocol/consent must be outlined on an amendment form (available on the HIC website) and submitted to the HIC for review. This research ethics board (the HIC) has reviewed and approved the research protocol and documentation as noted above for the study which is to be conducted by you as the qualified investigator named above at the specified site. This approval and the views of this Research Ethics Board have been documented in writing. In addition, please be advised that the Human Investigation Committee currently operates according to *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*; *ICH Guidance E6: Good Clinical Practice* and applicable laws and regulations. The membership of this research ethics board is constituted in compliance with the membership requirements for research ethics boards as defined by *Health Canada Food and Drug Regulations Division 5; Part C*

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

We wish you every success with your study.

Sincerely,

A handwritten signature in black ink, appearing to be 'f' followed by a horizontal line and a period.

Fern Brunger, PhD  
John D. Harnett, MD, FRCPC  
Co-Chairs  
Human Investigation Committee

C VP Research c/o Office of Research, MUN  
VP Research c/o Patient Research Centre, Eastern Health  
HIC meeting date: October 14, 2010

## Appendix G – Research Proposals Approval Committee Approval



**Department of Research  
5<sup>th</sup> Floor Agnes Cowan Hostel  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's, NL A1B 3V6  
Tel: (709) 752-4636  
Fax: (709) 752-3591**

November 9<sup>th</sup>, 2010

Ms. Ashley Healey  
35 North side Track  
P.O. Box 15  
Witless Bay, NL A0A 4K0

Dear Ms. Healey:

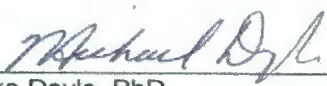
Your research proposal HIC # 10.157: *"An exploration of Novice Nurses' perceptions of how orientation prepares them for nursing practice"*, was reviewed by the Research Proposals Approval Committee (RPAC) of Eastern Health at its meeting on November 9<sup>th</sup>, 2010, and we are pleased to inform you that the proposal has been granted full approval.

The approval of this project is subject to the following conditions:

- The project is conducted as outlined in the HIC approved protocol;
- Adequate funding is secured to support the project;
- In the case of Health Records, efforts will be made to accommodate requests based upon available resources. If you require access to records that cannot be accommodated, then additional fees may be levied to cover the cost;
- A progress report being provided upon request.

If you have any questions or comments, please contact Donna Bruce, Manager of the Patient Research Centre at 777-7283.

Sincerely,

  
Mike Doyle, PhD  
Director of Research/Knowledge Transfer  
Chair, RPAC

cc: Ms. Donna Bruce, Manager Patient Research Centre

MD/jmps

## Appendix H – Eastern Health Orientation Program Outline



**Eastern  
Health**

### **AGENDA** *Eastern Health Nursing Orientation*

<b>Time</b>	<b>Topic</b>	<b>Presenter</b>
<b>Tuesday (p.m.)</b>		
1330 – 1340	Welcome	HR Learning & Development Education Consultant
1340 – 1425	Discharge Planning	Discharge Planning Manager
1425 – 1440	Organ Procurement	Organ Procurement Program
1440 – 1450	Break	
1450 – 1530	Diabetes Education	Diabetes Educator
1530 – 1600	Clinical Nutrition Services	Clinical Nutritionist
1600 – 1615	Conclusion	HR Learning & Development Education Consultant
<b>Wednesday (a.m.)</b>		
0830 - 0900	Blood Bank Practices	Transfusion Safety Officer
0900 - 0925	Laboratory	Manager Client Services
0925 - 0950	Break	
0950 - 1030	Department of Nursing Service Development – Professional Practice	Professional Practice Consultant
1030 - 1130	Infection Control	Infection Control Practitioner
1130 - 1145	Linkage to Professional Bodies RN – ARNNL LPN - CLPNNL	ARNNL Representative CLPNNL Representative
1145 -1200	Conclusion & Evaluation	HR Learning & Development Education Consultant

Revised Feb 2010



## AGENDA

### *General Hospital Site Nursing Orientation*

Time	Topic	Presenter
<b>Wednesday (p.m.)</b>		
1300 – 1310	Welcome and Outline	HR Learning & Development Education Consultant
1310 – 1340	Respiratory Therapy	Respiratory Therapist
1340 – 1410	Pharmacy	Clinical Pharmacist
1410 – 1415	Evaluation and Conclusion	HR Learning & Development Education Consultant
1415-1630	Clinical Education	Clinical Educators
<b>Thursday (a.m.)</b>		
0830 – 1200	Order Entry/Nursing Module Computer Training	HR Learning & Development Education Consultant
Revised Apr 13, 2009		



**Medicine / Surgery Programs**  
**Clinical Skills Orientation**

[illegible]

	<b><i>Medicine / Surgery/Cardiology Clinical Skills Orientation</i></b>
<b><i>Friday 0830 -1200 (Room 2864</i></b>	
	<i>Preoperative/Postoperative Care</i>
	<b><i>Integumentary</i></b>
	<i>Foot Care</i>
	<i>Shortening and Removal of drains- Hemovacs, Jacksons Pratt, Penrose</i>
	<i>Irrigation of Abdominal Drains/Tubes</i>
	<b><i>Wound Care</i></b> <i>Principles</i> <i>Policy</i> <i>Products</i> <i>Braden Risk Assessment</i> <i>Wound Manuel</i> <i>Documentation Tools</i>
	<i>Bariatric Equipment</i>
	<i>Patient Education</i>
<b><i>1300 -1600 (Room 2909 MUN School of Nursing)</i></b>	<b><i>Safe Patient Handling</i></b>

***Medicine / Surgery  
Clinical Skills Orientation***

***Monday  
0830– 1600  
(Room 2864)***

***Venous/Arterial/Subcutaneous***

*Vascular Access Devices*

- *Peripheral IV*
- *Short Term Central Lines*
- *PICCS*
- *Hickman Catheters*
- *Implanted Ports*
- *Dialysis Lines*

*Parental Therapy Policy*

*Removal of Short Term Central Lines*

*Hypodermoclysis*

*Blood Culture Protocol*

*IV Pumps*

*Fluid Balance*

***Neurological***

- *Assessment*
- *Stroke Protocol*
- *Seizure Precautions*

***Blood/Blood Product Administration***

- *Types of Blood Products*
- *Consent*
- *Policy*
- *Adverse Reactions*
- *Equipment*
- *Blood Label*

***Cardiovascular***

*Telemetry*

*Peripheral Vascular Assessment*

*Neurovascular Assessment*

*Chest Pain Protocol*

***General Therapeutic/Safety***

*Fall Risk Assessment*

*Latex Safe Policy*

*Restraints*

*Surveillance Policy*

*Allergy/Adverse Reactions*

*Alcohol Withdrawal Protocol*