

**EVALUATING THE ORIENTATION OF INTERNATIONALLY EDUCATED
LICENSED PRACTICAL NURSES FROM JAMAICA WORKING IN A LONG
TERM CARE PROGRAM IN ST. JOHN'S, NEWFOUNDLAND**

by © Heidi Ball

A Practicum Report submitted to the School of Graduate Studies
in partial fulfillment of the requirements for the degree of

Master of Nursing

Memorial University of Newfoundland

October 2016

Abstract

Background and Purpose: In January and February of 2015, nineteen internationally educated licensed practical nurses from Jamaica began employment in a long-term care program, in St. John's NL. A 400-hour orientation was prepared and delivered specifically for this group. The purpose of this practicum project was to evaluate the orientation according to priorities and criteria determined by key stakeholders, for quality improvement purposes, with the goal of reporting resultant recommendations back to the key stakeholders.

Methods: Methods included a systematic review of the literature, semi-structured interviews of long-term care managers and educator, and pen and paper surveys of the internationally educated licensed practical nurses from Jamaica. The evaluation was guided by Stake's evaluation framework; results were analyzed reflecting Kirkpatrick's evaluation model.

Results: Three recommendations for quality improvement of the orientation program were offered, including: changes to the medication administration orientation; development of a tracking system for preceptorship; and creation of a mentorship program.

Conclusion: In general, the orientation program has shown success in a variety of areas. Implementation of the recommendations from this evaluation may improve the quality of the program and help to strengthen integration of future internationally educated licensed practical nurses into the long-term care setting.

Acknowledgements

To the Memorial School of Nursing Faculty and Staff. I began my nursing studies with this faculty only a few years ago and I have received nothing but support and encouragement along the way. Thank You.

To my Practicum Supervisor, Zaida Rahaman. From late night phone calls and coffee shop meetings, to advice, inspiration and many words of confidence, you have gone above and beyond the expectations of a supervisor. Thank You.

To the Jamaican Practical Nurse Recruitment and Onboarding Team, your tireless efforts have not gone unnoticed in the success of the program. For your commitment to excellence, and assistance through this evaluation, Thank You.

To my Parents, Family and Friends. Thank you for keeping me going, being proud of me and listening to my complaints and stresses throughout this program. The words of encouragement helped me to the finish line. Thank You.

To my Son, Micah. Thank you for accommodating your entrance into this world between semesters! Your smile has gotten me over many hurdles. Mommy Loves You!

Finally, thank you to my Husband, David. You have been a superhero of support throughout this program. I truly could not have done this without you. I Love You.

Table of Contents

Abstract	ii
Acknowledgements	iii
List of Appendices	v
Introduction	1
Goal and Objectives	2
Overview of Methods	3
Summary of Literature	4
Summary of Program	9
Summary of Guiding Framework	11
Summary of Consultations	12
Summary of Evaluation	14
Methods	14
Results	15
Recommendations	18
Limitations/	19
Value Added	19
Discussion of Advanced Nursing Practice Competencies	20
Next Steps	22
Conclusion	23
References	24
Appendices	28

List of Appendices

Appendix A: Literature Review	28
Appendix B: Overview of Program and Evaluations	55
Appendix C: Summary of Guiding Framework	65
Appendix D: Summary of Consultations	69
Appendix E: Evaluation Report	77
Appendix F: Executive Summary of Evaluation	120

In response to a shortage of licensed practical nurses (LPNs) available to work in Eastern Newfoundland's long-term care (LTC) program, the local health authority launched a recruitment initiative that included provincial, national and international recruitment. As part of this recruitment, nineteen LPNs who were previously educated via Eastern Health's Center for Nursing Studies at a satellite location in Jamaica were hired. This group of Internationally Educated Licensed Practical Nurses (IELPNs) were all of Jamaican citizenship, of a range of ages, included both males and female, had finishing their practical nursing education in 2011, and had not worked as LPNs prior to this hiring.

An interdisciplinary team from Eastern Health created a partnership with multiple agencies including the Newfoundland and Labrador College for LPNs (CLPNNL), the Government of Newfoundland and Labrador (NL), and the Center for Nursing Studies (CNS) to ensure a smooth transition and integration into their new living and work environments. Author, Heidi Ball, was tasked with creating and coordinating the orientation program for the IELPNs. The orientation program was organized using feedback from persons involved in previous international recruitment orientation programs, in anticipation of cultural and clinical needs, as well as ensuring fulfillment of licensure requirements. An extensive orientation program has been identified as a key factor in the retention of internationally educated nurses (Moyce, Lash, & Siantz, 2015).

The IELPNs arrived in two groups, beginning work in either January or February of 2015. The orientation program consisted of 400 hours (approximately 11 weeks) of classroom and clinical time, allowing for independent practice to begin in the spring of

2015. At the time of the evaluation described in this report, the IELPNs in the evaluation group were working for approximately one year at the long-term care facility.

In this report, the author describes the quality improvement evaluation of this program. The results of this evaluation will be used to ensure future international licensed practical nurse recruits are given the best possible orientation to ensure a high quality of care for the residents of the long-term care organization, and encourage appropriate stewardship of healthcare resources for orientation. In light of the aging population, the strain to fill healthcare positions may require international recruitment of nursing staff in the future, and it is imperative that international employees receive an effective and efficient orientation program for the success of their practice, and the success of the long-term care program.

Practicum Goal and Objectives

Goal:

To perform a quality-improvement evaluation of the orientation program for internationally educated licensed practical nurses from Jamaica who were newly employed in St. John's, NL and began orientation in January or February of 2015.

Objectives:

1. Describe the components of effective orientation programs for Internationally Educated LPNs;
2. Identify key stakeholders for the program and their evaluation priorities;
3. Integrate the interests of the key stakeholders into an evaluation plan and implement the plan;

4. Analyze evaluation results and isolate quality improvement recommendations;
5. Present these recommendations to the key stakeholders and members of the Memorial University School of Nursing; and
6. Demonstrate Advanced Nursing Practice Competencies through the evaluation.

Overview of Methods

The methods used to fulfill the requirements of the evaluation project are as follows; and, details of each component will be given in the corresponding sections of this report.

1. Literature Review focusing on qualities of effective orientation programs, specifically to internationally educated LPNs.
2. Review of the orientation program, completed evaluations and changes made to program since initial implementation.
3. Consultations with representative key stakeholders to include their interests in the evaluation. Consultants were:
 - a. Recruitment/ Human Resources Personnel overseeing the recruiting and hiring IENs
 - b. Clinical Nurse Specialist in charge of the orientation program
 - c. Nurse Educator responsible for conducting orientation program
4. Development of evaluation tools using criteria identified in consultations
 - a. Pen and paper surveys
 - b. Semi-structured interview guide

5. Implementation of evaluation plan and analysis of results using Kirpatrick's Evaluation Model.
6. Reporting of results through power point presentation and written report to key stakeholders and Memorial University School of Nursing.

Summary of Literature

A search of current literature was performed to assess the quality of existing literature pertaining to the orientation of IENs, and gather evidence of proven orientation program inclusions and evaluation strategies (a detailed literature review is included as Appendix A). The search was conducted using the CINAHL database as the main source, and Pubmed as a secondary source. Search terms used for the literature review were: *internationally educated licensed practical nurse, internationally educated nurse, foreign nurse, orientation, integration, and preceptor*.

Seventeen articles were identified as relevant, and accepted to be included in the literature review. Of these articles, two were of cross-sectional descriptive quantitative design; nine were qualitative designs including case study, focus group, interventional, study tour, and interview methodologies; three were integrative literature reviews, and three were evidence-based discussion articles. The overall quality of study was weak to moderate in study design and study strength. For the literature review, nurses included both Registered nurses (RNs) and Licensed Practical Nurses (LPNs).

The literature showed that internationally educated nurses should receive a specifically designed orientation programs when beginning work in a new country, and these programs should be evaluated regularly. The relevant themes identified in the

literature review include: common issues or needs of the internationally educated nurses, recommended orientation program inclusions, and criteria to gauge success of the programs.

The most commonly identified barrier for IENs, as shown in the literature was communication. Communication difficulties are rooted in both linguistic and cultural issues, and involve more than just language barriers (Bae, 2011; Baj, 1997; Chege & Garon, 2010; Cummins, 2009; Dywili, Bonner, Anderson & O'Brien, 2012; Ho, 2015; Neiterman & Bourgeault, 2013; Robinson, 2009; Wolcott, Llamado, & Mace, 2013; Xu, 2008; Yates & Dunn, 1996). Both the linguistic and sociocultural aspects of communication can affect patient care, and can be a source of increased risk for both patients and staff (Primeau, Champagne & Lavoie-Tremblay, 2014; Xu, 2010). Nurses who speak the common language fluently, may still have difficulty with accents, slang, medical jargon, pharmaceutical and medical abbreviations, and nonverbal communication (Baj, 1997; Chege & Garon, 2010; Neiterman & Bourgeault, 2013; Xu, 2010).

To support the IEN, orientation programs should allow for education and practice in medical terminology, telephone communication and nonverbal communication (Alexis & Chambers, 2003; Chege & Garon, 2010; Cummins, 2009; Dywili et al., 2012; Sherman & Eggenberger, 2008; Primeau et al., 2014; Wolcott et al., 2013; Xu, 2010). The literature also suggests that the best way to learn communication in a new culture is experiential learning: by doing, by being immersed in it, and having the opportunity to practice (Ho, 2015).

Medical care systems, and nursing practice models differ in many host countries compared to IEN's home countries. Many host country models, including Canada and the US, have a high degree of autonomy that many IENs are not used to (Bae, 2011; Gerrish & Griffith, 2004; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Robinson, 2009; Sherman & Eggenberger, 2008; Wolcott et al., 2013; Xu, 2008; Xu, 2010). This autonomy includes an advocacy role, expectations of questioning physician's orders, and working in collaboration with rather than in full control of the patient (Neiterman & Bourgeault, 2013). The literature suggests: ensuring information on structure of the system, the roles of healthcare workers, scopes of practice, regulations and policies are all presented during the orientation (Alexis & Chambers, 2003; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Wolcott et al., 2013; Xu, 2010). As well, the inclusion of: leadership or management skills, including critical thinking, delegation and assertiveness training, to help the IENs adapt to their new roles is advised (Alexis & Chambers, 2003; Cummins, 2009; Neiterman & Bourgeault, 2013; Sherman & Eggenberger, 2008; Xu, 2008; Xu, 2010).

IENs may experience cultural displacement and the stress and anxiety that may accompany it (Bae, 2011; Chege & Garon, 2010; Wolcott et al., 2013; Xu, 2008; Xu 2010). The literature recognizes the personal and emotional trials an IEN may experience as they are often far away from family supports, in a new environment, and surrounded by a culture and possibly a language that is quite different from their own. IENs may feel torn between two worlds, for example, a part of them remains at home and a part of them is at their new home, yet feel lost (Chege & Garon, 2010). Alexis & Chambers (2003),

Neiterman and Bourgeault (2013), and Primeau et al. (2014) recommend a personal aspect to an orientation program, such as assisting with setting up life in the community to help the IEN incorporate into the work and living environment easier. Another recommendation was to go beyond educational and psychological assistance, and offer financial assistance to assist with set up (Wolcott et al., 2013).

Systemic and personal discrimination including ethnocentrism and marginalization were identified as something many IENs experienced, including the assumption of sameness, not recognizing cultural differences (Alexis & Chambers, 2003; Bae, 2011; Primeau et al., 2014; Xu, 2010). The literature suggests cross-cultural elements be included in the orientation, wherein cultures can be shared and diversity celebrated among new and current nursing staff (Alexis & Chambers, 2003; Baj, 1997; Ho, 2015; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Xu, 2010).

Systemic discrimination experienced by the IENs was described in the literature as present through the lack of equal opportunities for education and career advancement or promotion between IENs and locally educated nurses (Bae, 2011; Gerrish & Griffith, 2004; Xu, 2010). Organization and peer support have both shown in the literature as of utmost importance to the success of IENs in the host healthcare system. Emphasis was placed on the importance of social support, a buddy system, or a mentorship program (Neiterman & Bourgeault, 2013; Wolcott et al., 2013; Xu, 2008). Organizational supports shown to be important to the integration of IENs in the literature were regular feedback from managers and educators, and opportunities for education and career

development supported by the institutions (Alexis & Chambers, 2003; Dywili et al., 2012; Primeau et al., 2014; Sherman & Eggenberger, 2008; Wolcott et al., 2013).

Organizational support can also be shown in the commitment to an orientation period for the IENs. IENs require a longer orientation period than locally educated nurses (3-12 months depending on the individual), and would benefit from more clinical hours during the orientation period, and a workload that builds as the IEN develops (Baj, 1997; Ho, 2015; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Robinson, 2009; Wolcott et al., 2013; Xu, 2010).

In the literature, IENs, managers and educators expressed that some IENs lack certain skills and knowledge to provide safe competent healthcare in the host countries (Primeau et al., 2014; Robinson, 2009). Areas identified were the following: assessments, documentation, medications, procedures, time management, prioritizing, efficiency and technology (Baj, 1997; Gerrish & Griffith, 2004; Ho, 2015; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Sherman & Eggenberger, 2008; Wolcott et al., 2013). The literature recommends including these topics, and an introduction to specialized equipment or computer training, in the orientation, as well as the use of simulation labs for an effective method of practice (Baj, 1997; Chege & Garon, 2010; Cummins, 2009; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Robinson, 2009; Sherman & Eggenberger, 2008; Wolcott et al., 2013; Xu, 2010).

The issues identified in the literature reflect the needs of the IENs. There is a great need for the IENs to understand, and be understood. IENs need the opportunity to learn the differences in medical care systems, and to practice roles that did not exist in

their home countries (such as patient advocacy). IENs need to have their basic needs met, and may require assistance in meeting these needs upon arrival, in addition to an acknowledgement of the great stress that they are under. Finally, IENs deserve the same opportunities to practice to their abilities as nurses from the home country, and to do it without prejudice.

Many of the studies suggest that IEN orientation programs need regular evaluation (Alexis & Chambers, 2003; Neiterman & Bourgeault, 2013; Xu, 2008), however only one study suggested criteria upon which to base the success of the orientation program. Gerrish and Griffith (2004) developed evaluation criteria through interviews with key stakeholders, and identified five criteria: “gaining professional registration; fitness for practice; reducing the nurse vacancy factor; equality of opportunity; promoting an organizational culture that values diversity” (p.582). These criteria can be used individually or together to gauge a variety of successes of orientation programs.

Summary of Program and Evaluations

The orientation program that the IELPNs participated in was designed specifically for them, and was delivered independently of other orientation programs given to Canadian educated LPNs entering the LTC program at that time. The program consisted of three individual parts, and was valued at 400 clinical hours, which was a requirement for licensing purposes. The three parts of the program are as follows (a detailed overview of the program and previous evaluations can be found in Appendix B):

1. The pre-orientation supports consisted of three days of provided assistance for the new LPNs to set up bank accounts, obtain Newfoundland and Labrador Medical Care Plan (MCP) cards and Social Insurance Numbers, have appropriate medical assessments, and obtain necessary grocery items to stock the provided temporary living quarters. This time also allowed for acclimation to the new work and living locations.

2. Clinical orientation consisted of approximately seven weeks of classroom, lab, and computer education in which the LPNs familiarized themselves with the Canadian healthcare system, policies and procedures of Eastern Health, and Newfoundland Culture. This orientation was conducted in partnership with the NL College for LPNs, who provided educational sessions; the Center for Nursing Studies, who provided lab skill instruction and practice; and many faculties within Eastern Health including human resources, physiotherapy, dietary, computer education, etc. Job shadow days were also included in this orientation, which allowed the LPN to explore the roles to the Personal Care Attendant (PCA), Licensed Practical Nurse (LPN) and Registered Nurse (RN) at the LTC facility.

3. The final part of the orientation was a preceptorship in which the LPN was co-signed with a staff LPN, followed the shift work schedule, and had an increasing level of independent workload, under the supervision of the co-signed LPN.

A pre and post-orientation evaluation survey was completed by the LPNs at the time of the orientation program. The pre-orientation assessment was completed on the first day of orientation, and the post-orientation assessment was completed by the same

LPNs immediately following the end of the preceptorship. The results were summarized and presented in a report by clinical educators (Beresford Osborne & Wadman, 2015).

This survey showed that the confidence level in performing LPN duties increased for both the January and February orientation groups; the expectations of the orientation program scored lower in both groups on the post-orientation survey indicating that there are areas for improvement; and there was no significant change in rating of clinical educator and preceptor, showing that the expectations of these roles were met.

Open-ended questions had common themes and were analyzed to create these proposed recommendations: increase exposure to multiple units during preceptorship, decrease classroom time, and increase practical experiences/time on units and reduce repetition. Recommendations were used in program revisions. Overall, the comments were positive, and indicated that the orientation program increased the LPNs abilities and readiness to work in the LTC program.

Guiding Framework

The guiding framework for this evaluative practicum project was an adaptation of Robert Stake's Responsive evaluation. A detailed explanation of this adapted framework is included in Appendix C. Responsive evaluation encourages the recognition and inclusion of diverse interests of all stakeholders. It allows for an evaluation of the issues of a program, using criteria as identified by the stakeholders, as well as an evolution of these issues and evaluation (Stake, 1976).

This framework involves fluidity of stages and allows for observations and feedback through the evaluation process. As suggested by Stake (1991), the stages can

occur in various orders or concurrently, and the evaluator may repeat stages at any time during the evaluation process. The evaluation ends with reporting the findings of this project back to the stakeholders for their consideration of making suggested modifications to the program, as deemed appropriate.

Summary of Consultations

Author, Heidi Ball, conducted three stakeholder consultations. The purpose of these interviews was to identify evaluative priorities of the key stakeholders that could be used to develop the evaluation criteria and plan.

The three participating consultants were: a recruitment consultant who was responsible for the recruitment and hiring of the IENs, as well as coordinating and implementing the pre-orientation support plan, a Clinical Nurse Specialist who has the coordination of the IEN orientation within her portfolio, and a clinical educator who was responsible for implementing the orientation program. The interviews consisted of four questions that were developed using themes identified in the literature review (see Appendix A). The consultants chose to answer interview questions via telephone or email. See Appendix D for a detailed consultation report, including interview guide.

The consultants identified the purposes of the orientation as establishing competency, refreshing or practicing skills, learning policies, fulfilling licensing requirements, familiarization with the Canadian healthcare system and Long-Term Care program, as well as integration into the community.

Consultants recognized communication as an important component of orientation, and identified cultural communication, communication between staff members, and

documentation to be priority areas for evaluation. Consultants agreed fitness to practice was an integral part of the orientation program, and specified evaluation priorities to be medication administration, health assessment, and other clinical skills. Another evaluation priority was if the IELPNs felt they were ready to practice independently after preceptorship. Support was also seen as an important pillar of the orientation program by the consultants. Priority areas of evaluation were identified as where the highest degree of support was, which supports were noticed, and if the orientation impacted integration. The consultants identified three measures of success that could determine if the orientation program was a success, including: opinions of the IELPNs, job satisfaction, and retention rates.

After analysis of the consultation interviews, three priority areas for evaluation were established:

1. What is the level of competency of the IELPNs, especially in relation to safety, skills and medication administration? Did the orientation program allow the IENs to begin work safely with an entry level of practice?
2. How have the IENs felt supported by preceptors/staff/organization/each other, during the orientation program, preceptorship and through their first year of work?
3. What is the job satisfaction of the IENs, and their intention to stay? Has this changed since beginning work, since finishing the orientation program, or after the first year of employment?

Summary of Evaluation

The evaluation plan was created using the priorities identified in the consultation interviews. The evaluation was twofold, involving pen and paper surveys for the IELPNs and face-to-face interviews with managers and educators. A full evaluation report, including evaluation tools used is included as Appendix E.

Methods

Survey packages (including a letter of instructions, the survey, and a return envelope) were delivered to all nineteen IELPNs from Jamaica that began the IELPN orientation program in January or February of 2015 and they were invited to participate in the evaluation. Two fully completed surveys were returned to the author to form the sample, an 11% response rate. Initiatives to increase response rate were unsuccessful.

Seven managers and one educator were invited via email to participate, three individuals were interested and felt they could provide relevant input (a 38% response rate). All individuals who showed interest were included in the sample. A semi-structured interview was used to ensure key points were adequately covered, but allowed flexibility and key points to be conversationally enriched in discussion. Interviews were audio recorded. All participation was voluntary, and appropriate consents were given.

Evaluation tools were created by author, Heidi Ball, and were reflective of priorities identified by stakeholders in consultation interviews. Surveys included Likert type and open-ended questions asking about comfort level in performing LPN competencies at the end of the orientation program and at present. Other elements of the surveys included identification of supports, job satisfaction and anticipated retention.

Interviews were semi-structured, having binary and open-ended questions about overall competence of IELPNs, medication administration, safety concerns, and observed gaps.

Data was stored in password-protected files, not on the property of the health authority, and destroyed after analysis. Confidentiality was and is maintained. Ethics review was not required, as the purpose of this evaluation was for quality improvement.

Data was summarized and analyzed by author, Heidi Ball. Appropriate statistics and graphical representation was used. Open answer questions were analyzed, grouped and themes identified. Analysis was guided by Kirkpatrick's Evaluation Model (Kirkpatrick, 1996), which has four levels of evaluation: reaction, learning, behavior, and results. Identified themes were merged into recommendations for quality improvements of the orientation program.

Results

Reaction and learning.

The LPNs felt the orientation program was adequate in preparing them to begin practice within the LTC program, and did not identify an educational deficit that could have been addressed during orientation that would affect their overall practice. The managers and educator expressed as a whole that the orientation was adequate, and that the deficiencies observed or errors made by the individuals that participated in the program are not unusual for entry-level practitioners. They did identify individual clinical skills (suctioning, trach suctioning, catheterization and enteral feeding), teamwork mindset, and communication among the team as areas that could be addressed in the IELPN's orientation that would benefit future international LPN recruits.

The overall competence of the IELPNs at the end of orientation was at an acceptable level, as seen by the managers and educator. In comparison to Canadian educated LPNs, one of the managers viewed the IELPNs as less competent at the end of their orientation, but at the one-year mark, the consensus among the managers and educator was that everyone was equal in competence. This shows a high quality of care is ensured as all staff are held to and meeting the same level of excellence.

Behaviour.

The IELPNs and their managers saw improvements in the IELPNs abilities during the first year of working. The IELPNs recognized their biggest skill and knowledge challenges upon starting as an LPN in the system were the names and classes of common medications. The IELPNs acknowledged an improvement in their comfort of performing medication administration related skills over the year working, but a change in the medication administration aspect of the orientation, focusing on common medication names and classes, may allow IELPNs to feel more confident from the beginning of their practice.

Results.

The highest levels of support identified in this evaluation were from the IELPN's peers, the orientation educator or coordinator and preceptor. The support from the orientation coordinator or educator and preceptor decreased at the end of the orientation period, and was not applicable at present, as this relationship dissolved within the year. A formalized workplace buddy system, or preceptor, has been highlighted in the literature as important to the workplace integration and achievement of IENs (Cummins, 2009;

Primeau et al., 2014; Sherman & Eggenberger, 2008). Although the formal relationship of the preceptor ended at the end of orientation for the IELPNs, it was beneficial to the success of the LPN, and the support was acknowledged in this evaluation.

During the interviews, the participants suggested that during preceptorship, not all of the IELPNs had the opportunity to practice or develop all of the skills they are responsible for in their scope of practice. A restructuring of the preceptorship to include a scheduling and monitoring of skills would allow for tracking of the necessary skills the IELPN needs to develop during the preceptorship.

The support from the organization also decreased since the end of the orientation period to present. Survey responses described that this was linked to lack of flexibility in scheduling, especially requests for flexibility for family needs. The lowest consistent support was seen from the coworkers of the IELPNs, which was ranked as sometimes supportive to supportive. One suggested way to improve peer and supervisor support is the use of a formalized mentorship program (Bae, 2011; and Ohr, Jeong, Parker & McMillin, 2014).

Job satisfaction remained constant for one respondent, but decreased for another. Anticipated projected retention rates remain constant since hiring (1-2 years in LTC and 6-10 years with organization for one respondent; 6-10 years within LTC and to stay with the organization until retirement for the other respondent). Suggestions to increase job satisfaction and long-term retention rates included flexibility with scheduling for family commitments, and opportunities for skill and educational advancement.

From various definitions of success, the orientation program is proven functional and successful. The self-described comfort levels, and supervisor described competency levels were adequate for an entry-level practitioner, and improvement has been apparent during the first year of employment. Job satisfaction was high during and at the end of the orientation program. 100% of the IELPNs who began in the orientation have been retained in the same LTC program currently. This evaluation has identified areas in which an improvement in the program may foster these successes.

Recommendations

The recommendations stemming from all levels of the Kirkpatrick Model Evaluation fall under the umbrella of support.

1. Support the immediate practice of the IELPN by bolstering the medication administration section of the orientation program to include education and time for study of the names and classes of common medications. This will help the IELPN to feel confident in medication administration from the beginning of independent practice.

2. Support the efficiency of preceptorship by developing a tracking system and ensure the IELPNs have an opportunity to try all LPN competencies during preceptorship. This will allow the IELPN to ensure they have a chance to practice new skills with their preceptor, and prevent them from being unprepared for such tasks when they are working as an independent practitioner.

3. Encourage social and peer supports through the development of a mentorship program that lasts at least a year. Organizations can be instrumental in developing and organizing these supports, and as a result show organizational support to the IELPNs.

Mentorships encourage integration and can ensure that the LPNs have the supports they need as they begin in new work and living environments.

Limitations

There are several limitations of this evaluation. First of all, the lack of baseline data for true comparison, this evaluation relied on retrospective data instead. Secondly, the response rate of the pen and pencil survey was low at just 11%. Efforts to increase the response rate did not increase response. Finally, the time constraints of the practicum program did limit the ability for more consultations, more involvement of key stakeholders, or change in methodology after a poor response rate.

When performing future evaluations with this population, it may be beneficial to avail of a stakeholder partner, such as the College for LPNs who have an established relationship with the IELPNs to facilitate the evaluation. The use of a focus group or more open-ended questions in a survey may be a gentler approach to this population as well. Finally, if data is available to support the evaluation priorities that are outside of accessing the population (i.e. incident reports, attendance records) it may add to evaluative conclusions.

Value Added

This evaluation allows for the analysis of data from IELPNs who after working for a year, now know the full scope of their position in LTC, and have an informed opinion of whether the orientation program was effective in preparing them for their current employment. According to Xu (2010), “There is virtually no rigorous evaluation study of transition programs for international nurses in the current literature except

Gerrish and Griffith (2004).” This evaluation allowed for the analysis of many aspects and dimensions of the IELPN orientation program. Building on this evaluation would be beneficial to future orientation programs.

Discussion of Advanced Nursing Practice Competencies

The competencies for advanced nursing practice, as described by the Canadian Nurses Association (CNA), are described in four headings: clinical, research, leadership, and consultation and collaboration (CNA, 2008). Combined, these competencies express the breadth of advanced nursing practice. This practicum has allowed me, the author, to demonstrate several advanced nursing practice competencies.

Research competencies range from creating, to conducting, to using nursing research in practice (CNA, 2008). Two specific competencies that I demonstrated in this practicum related to research were “evaluate current practice at individual and systems levels in light of research findings (CNA, 2008, p. 24)” and “critique, interpret, apply and disseminate evidence-based findings (CNA, 2008, p.24)”. In this practicum, I evaluated the current orientation given to internationally educated LPNs from Jamaica in light of current research, and results of the program. Through a literature review, interviews, and surveys, I gathered evidence, critiqued and interpreted it to develop recommendations for quality improvement of program delivery. I then communicated these findings through a presentation and written report (Executive summary is included as Appendix F).

Although not a true research practicum, this quality improvement evaluation allowed me to demonstrate several research skills such as creation of tools, interviewing, and collecting, analyzing and displaying data.

Leadership competencies are central to advanced nursing practice, as change agents, advanced practice nurses use nursing experience, theory and research to ensure excellence in health care delivery (CNA, 2008). The competencies I demonstrated through this practicum reflecting leadership are “contributing to and advocating for an organizational culture that supports professional growth, continuous learning and collaborative practice (p. 25)”, and “evaluating programs in the organization and the community and developing innovative approaches to complex issues (CNA, 2008, p.25).” In this evaluation, I used Stake’s evaluation model as a guiding framework to demonstrate the importance of ensuring excellence among professionals, and encouraged professional development and learning by having employees reflecting on their practice, isolating knowledge gaps, and discovering ways to address these gaps. The evaluation results were analyzed with knowledge of the current literature base, and recommendations such as the creation of a mentorship program were suggested as ways to help overcome the multi-dimensional hurdles of IELPN integration into new work and living environments.

Consultation and collaboration competencies include collaborative communication with clients, and the multidisciplinary team at various levels of the healthcare organization, national and international community and academic associations (CNA, 2008). Specifically, the competency I demonstrated in this practicum project is “consult and collaborate with members of the healthcare team to develop quality-improvement and risk-management strategies (CNA, 2008, p.26)”. In this practicum I consulted with various members of the IELPN recruitment and orientation team, as well

as IELPNs to evaluate the current program, and develop suggestions for quality improvement of the program. The collaboration has begun to implement these recommendations through the reporting of these recommendations to invested stakeholders.

Next Steps

Following the presentation of findings and recommendations from this evaluation report to key stakeholders, the next steps would be to assist in the implementation of the recommendations for future internationally educated nurse orientations.

1. Support educators in tailoring the medication administration portion of the program to allow increased focus on the names and classes of common medications. A search of currently available medication administration learning tools may provide assistance in this area.

2. Assist in the development of a tracking system for skills that precepting nurses have/ have yet to practice, where these skills are available to be performed in the facility, and ensure precepting staff have opportunities to perform and be appropriately evaluated on these skills during their preceptorship. Additionally, assist the clinical educator coordinating the preceptorship in creating of this tracking tool, including preceptor sign offs on skills performed.

3. Work with site orientation team to develop a mentorship program that lasts at least one year. Assist in identification of team leader, creating education and guidelines for the program, as well as launching the program with international mentor champions.

Further research possibilities stemming from this project could include: evaluating the orientation program for Canadian educated nurses working in the LTC program to determine if similar changes would be beneficial for these orientation programs too. As well, research into possibilities of flexibility in scheduling for internationally educated hires, and what the effect on trips home would be on retention rates and job satisfaction. There are many long-term possibilities for research on job satisfaction and retention with this group of IELPNs.

Conclusion

The orientation program for IELPNs beginning work in the Long Term Care program in St. John's, NL in January and February 2015 has achieved success in several areas. As described in this evaluation, IELPNs who completed this orientation began their independent practice at an acceptable level of competence, and the LPNs felt confident in their practice since completing their orientation. All employees who participated in this program have retained their employment status for more than one year.

In this practicum project, a literature review and consultations with key stakeholders guided the development of evaluation tools to prioritize the evaluation of the orientation program. Through this, several areas have been isolated and recommendations have been made, that may help to improve the quality and efficiency of the program delivery. The recommendations made may allow for a smoother transition of the IELPNs into the unit teams, and may encourage the celebration of diversity of employees within the facility.

References

- Alexis, O., & Chambers, C. (2003). Exploring Alexis' model: Part two, valuing resources. *Nursing Management*, 10(5), 22-25. doi:10.7748/nm2003.09.10.5.22.c1938
- Bae, S. (2011). Organizational socialization of international nurses in the New York metropolitan area. *International Nursing Review*, 59(1), 81-87. doi: 10.1111/j.1466-7657.2011.00928.x
- Baj, P. (1997). Perioperative nursing challenges for the Russian émigré nurse. *AORN Journal*, 65(6), 1081-1086. Retrieved from <http://www.aornjournal.org>
- Baresford Osborne, M., & Wadman, L. (2015). *Clinical orientation report: Internationally educated licensed practical nurses (Jamaica)*. Unpublished manuscript, Eastern Health, St. John's, NL, Canada
- Chege, N., & Garon, M. (2010). Adaptation challenges facing internationally educated nurses. *Dimensions of Critical Care Nursing*, 29(3), 131-135. doi: 10.1097/DCC.0b013e3181d24bf2
- CNA. (2008). Advanced nursing practice: A national framework. Available from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/anp_national_framework_e.pdf
- Cummins, T. (2009). Migrant nurses' perceptions and attitudes of integration into the perioperative setting. *Journal of Advanced Nursing*, 65(8), 1611-1616. doi: 10.1111/j.1365-2648.2009.05034.x

- Dywili, S., Bonner, A., Anderson, J., & O'Brien, L. (2012). Experience of overseas-trained health professionals in rural and remote areas of destination countries: A literature review. *The Australian Journal of Rural Health, 20*, 175-184. doi: 10.1111/j.1440-1584.2012.01281.x
- Gerrish, K., & Griffith, V. (2004). Integration of overseas registered nurses: evaluation of an adaptation program. *Journal of Advanced Nursing, 45*(6), 579-587. doi: 10.1046/j.1365-2648.2003.02949.x
- Ho, Y. (2015). Investigating internationally educated Taiwanese nurses' training and communication experiences in the United States. *Journal of Continuing Education in Nursing, 46*(5), 218-227. doi: 10.3928/00220124-20150420-02
- Kirkpatrick, D. (1996). Great ideas revisited: Techniques for evaluating training programs. Revisiting Kirkpatrick's four-level model. *Training & Development, 50*(1), 54-59. Available at <http://www.astd.org/TD/>
- Moyce, S., Lash, R., & Siantz, M. (2015). Migration experiences of foreign educated nurses: A systematic review of the literature. *Journal of Transcultural Nursing, 1*-8. doi: 10.1177/1043659615569538
- Neiterman, E., & Bourgeault, I. (2013). Cultural competence of internationally educated nurses: Assessing problems and finding solutions. *Canadian Journal of Nursing Research, 45*(4), 88-107. Retrieved from <http://www.mcgill.ca/cjnr/>
- Ohr, S., Jeong, S., Parker, V., & McMillin, M. (2014). Organizational support in the recruitment and transition of overseas-qualified nurse: Lessons learnt from a study tour. *Nursing and Health Sciences, 16*, 255-261. doi: 10.1111/nhs.12085

- Primeau, M., Champagne, F., & Lavoie-Tremblay, M. (2014). Foreign-trained nurses' experiences and socioprofessional integration best practices: An integrative literature review. *The Health Care Manager*, 33(3), 245-253. doi:10.1097/HCM.0000000000000018
- Robinson, J. (2009). 10 suggestions for orienting foreign-educated nurses: An integrative review. *Journal for nurses in staff development*, 25(2), 77-83. Retrieved from https://www.researchgate.net/journal/10987886_Journal_for_Nurses_in_Staff_Development-JNSD
- Sherman, R., & Eggenberger, T. (2008). Transitioning internationally recruited nurses into clinical settings. *The Journal of Continuing Education*, 39(12), 535-544. 10.3928/00220124-20081201-03
- Stake, R. (1976). A theoretical statement of responsive evaluation. *Studies in Educational Evaluation*, 2(1), 19-22. doi: 10.1016/0191-491X(76)90004-3
- Stake, R. (1991). Excerpts from: "Program evaluation, particularly responsive evaluation". *Evaluation Practice*, 12(1), 63-76. doi:10.1016/0886-6633(91)90025-S
- Wolcott, K., Llamado, S., & Mace, D. (2013). Integration of internationally educated nurses into the U.S. Workforce. *Journal for Nurses in Professional Development*, 29(5), 263-268. doi: 10.1097/01.NND.0000433145.43933.98
- Xu, Y. (2008). Facilitating adaptation of international nurses: Need for an evidence-based transition and integration program. *Home Health Care Management & Practice*, 20(2), 199-202. doi: 10.1177/1084822307309064

- Xu, Y. (2010). Transitioning international nurses: An outlined evidence-based program for acute care settings. *Policy, Politics, & Nursing Practice*, 11(3), 202-213. doi: 10.1177/1527154410384879
- Yates, E., & Dunn A. (1996). Enculturation of foreign nurse graduates: An integration model. *The Journal of Continuing Education in Nursing*, 27(3), 120-123.
Retrieved from <http://www.healio.com/nursing/journals/jcen>

Appendix A: Literature Review

Orientation Programs for Internationally Educated Nurses:

An Integrative Literature Review

Heidi Ball

Memorial University School of Nursing

Internationally Educated Nurses (IENs), both Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), are being recruited to work in countries experiencing shortages in the nursing field, such as Canada, the United States and the United Kingdom (Xu, 2008). These nurses come from a multitude of countries and bring with them a variety of expertise and experience. Adapting to the host country's healthcare system can be challenging, especially in the context of culture and communication. Health care systems are challenged to provide adequate orientation programs to ensure these nurses are integrated into the system effectively, and are able to provide competent care. To create these programs, it is essential to understand the challenges that the IENs face, proven methodologies to overcome these challenges, and methods to evaluate the programs. In this integrated literature review, I will explore the quality of literature existing on this topic. An integrative literature review allows for a specifically defined methodology, while allowing the most inclusive and diverse perspective of the topic, as it includes both experimental and non-experimental studies (Whitmore & Knafl, 2005). This review provides a literature base for my practicum project, which is an evaluation of an IEN orientation program.

Methodology

A search of the literature was performed to assess the quality of existing literature pertaining to the orientation of IENs, and gather evidence of proven orientation program methodologies and evaluation strategies. The search was conducted using the CINAHL database as the main source. In efforts to ensure inclusivity of available data, a secondary search using the same search terms was conducted using the Pubmed database.

One additional source was identified with the Pubmed database, but after further assessment was not included in this review. Like many of the articles identified in initial CINAHL database searches, this article explored the recruitment and experiences of IENs, but did not focus on orientation, which is the key focus of this review.

Search terms used for the literature review were: *internationally educated licensed practical nurse, internationally educated nurse, foreign nurse, orientation, integration, and preceptor*. The search was conducted with the CINAHL database in Boolean/Phrase search mode, with the limitations of English language and academic journals. Due to the limited literature base, articles that were not primary research were included in this review to ensure a fair analysis of the current knowledge base of this topic.

A total of 95 unique articles were identified using these search terms. Abstracts of these 95 articles were read, and analyzed for inclusion. A publication date range of within thirty years was instated at this time. A total of 36 articles were identified as applicable according to abstracts. These 36 articles were read and evaluated for inclusion in the literature review, according to relevance to the topic of interest. A total of seventeen articles were found to be relevant to this literature review and were included (see appendix). Further study of these articles was completed, and the body of research was summarized, evaluated and is presented in this paper.

Findings

Seventeen articles were located through search of databases to be included in this study. Of these articles, two were of cross sectional descriptive quantitative design; nine

were qualitative designs including case study, focus group, interventional, study tour, and interview methodologies; three were integrative literature reviews, and three were evidence based discussion articles. Quantitative articles were critiqued according to the Public Health Agency of Canada (2014) critical appraisal toolkit, quantitative literature was critiqued according to guidelines suggested by Ryan, Coughlan and Cronin (2007). Critiquing allowed for a generalization of strength of evidence to be determined. The overall quality of study was weak to moderate in study design and study strength. Bae (2011) and Cummins (2009) presented the only research with quantifiable data; Gerrish and Griffith (2004) published the only available article focused on evaluating an orientation program of IENs into the healthcare system. None of the articles focused on the long-term care program specifically, as the majority took place in acute or critical care areas. Neiterman and Bourgeault (2013) presented the only article focusing on the integration of IENs in Canada; the majority of the studies were located in the United Kingdom, and the United States of America.

Discussion

The literature base is not strongly evidenced, and is wide in focus. Despite this, there is agreement that orientation programs (called integration or transition programs in some literature) should be specifically designed for Internationally educated nurses; of what should generally be included in these programs; and that these programs should be evaluated. There is disagreement in the literature about who should be responsible for the various parts of the orientation, and what parts of the orientation or integration process should take place before IENs can be hired. There is also some evidence of a

need for nationally or internationally given guidelines for IEN's orientation. The three themes identified in the literature that are relevant to this practicum project are: I) common issues or needs, II) recommendations of inclusion, and III) success criteria.

I. Common Issues or needs to Address

Many of the studies and reviews listed in table A1 were focused on the experiences of the IEN's integration into the healthcare environment and culture of the new home country and identifying the issues or barriers that exist, in hopes of proposing recommendations to overcome these barriers and ease the transition of these nurses into the workplace. The issues or barriers can also be referred to as the areas of greatest need for the IENs. Communication has been frequently identified as the primary barrier and area of struggle for IENs. Communication difficulties are rooted in both linguistic and cultural issues, and involve more than just language barriers (Bae, 2011; Baj, 1997; Chege & Garon, 2010; Cummins, 2009; Dywili, Bonner, Anderson & O'Brien, 2012; Ho, 2015; Neiterman & Bourgeault, 2013; Robinson, 2009; Wolcott, Llamado, & Mace, 2013; Xu, 2008; Yates & Dunn, 1996). Both the linguistic and sociocultural aspects of communication will affect patient care (Primeau, Champagne & Lavoie-Tremblay, 2014; Xu, 2010). Indirect evidence has shown that breakdowns in communication can put patient safety and quality of care at risk (Xu, 2010). Not only nurse-patient communication, but nurse-physician, and nurse-nurse communication will affect patient care, as well as the relationships IENs will hope to build as social support networks (Dywili, et al., 2012). Communication issues can impact IENs becoming true professionals in their roles in their host countries (Chege & Garon, 2010).

Nurses who speak English (or French in certain parts of Canada) as their primary language, still find accents, slang, medical jargon, pharmaceutical and medical abbreviations, and nonverbal communication to be barriers of integration for IENs (Baj, 1997; Chege & Garon, 2010; Neiterman & Bourgeault, 2013; Xu, 2010). Even if a person has passed language proficiency tests, or may speak the common language well, nursing terminology used in practice is often culturally dependent and includes abbreviations and acronyms which if misunderstood can cause communication break down (Neiterman & Bourgeault, 2013). Complicating this further, much of medical communication takes place through telephone and paper methodologies where nurses are unable to easily seek clarification, or non-verbal cues that may be helpful. Chege & Garon (2010) remarked about how nurses have been observed hiding away when the phone rings out of embarrassment or frustration of the physician/family member calling cannot understand them, or they would not understand the caller. This behavior may not only cause disruption in patient care, but may also attribute to a failure in fully assuming their roles as practicing health care professionals.

Medical care systems, and nursing practice models differ in many host countries compared to IENs home country. Many host country models, including Canada and the US, have a high degree of autonomy that many IENs are not used to (Bae, 2011; Gerrish & Griffith, 2004; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Robinson, 2009; Sherman & Eggenberger, 2008; Wolcott et al., 2013; Xu, 2008; Xu, 2010). Autonomy refers to the independence, increased authority in patient care, as well as the collaborative practice that many of the IENs newly experienced (Bae, 2011). Specifically nurses from

China and India found this new as in their home countries care is strictly directed by medical doctors (Sherman & Eggenberger, 2008). This new autonomy also includes an advocacy role, expectations of questioning physician's orders, and working in collaboration with rather than in full control of the patient, which has been an adjustment in practice for many IENs (Neiterman & Bourgeault, 2013).

Additionally, some IENs found the lack of family involvement in patient care different, and had difficulty adapting to the expectation of attending to the personal care, assisting patients of the opposite sex with activities of daily living (Robinson, 2009; Sherman & Eggenberger, 2008). Finally, the concept of litigation, and budget driving in healthcare was identified as something new to the practice model for IENs (Wolcott et al., 2013; Sherman & Eggenberger, 2008). For example, one Jamaican nurse commented that when practicing in the US healthcare system it is important to ensure proper protocols, as there is a realistic fear of lawsuits being filed against them (Sherman & Eggenberger, 2008). There was no mention of litigation fears in the two studies that included IENs working in Canada.

The process of becoming an IEN, the migration and the new environment bring with it stress and anxiety that has been identified as an issue (Alexis & Chambers 2003; Robinson, 2009). When developing programming for these nurses, it is important to understand the cultural displacement that they may feel (Bae, 2011; Chege & Garon, 2010; Wolcott et al., 2013; Xu, 2008; Xu 2010). The literature describes the personal and emotional trials of IENs often being away from family supports, in a new environment, and surrounded by a culture and possibly a language that is quite different from their

own. IENs may feel torn between two worlds, a part of them remains at home, a part of them is at their new home, yet feel lost (Chege & Garon, 2010). The struggle between their value systems and the value systems of the new culture may cause a struggle in performance and decision making, as though they feel one thing, but know they must do another (Primeau et al., 2014). When trying to meet basic needs in a new country, an IEN may have difficulties with language barriers, unfamiliar environments, and unsure how or who to ask for help (Robinson, 2009). One study identified that this struggle was so concerning for them, that there were IENs who broke contracts with health authorities once arriving at the host country to relocate closer to family supports, even if it meant having to retrain for other work (Wolcott et al., 2013).

Systemic and personal discrimination was also raised as a barrier to integration for IENs in their host countries (Xu, 2010). Ethnocentrism and marginalization was identified as something many IENs experienced, as well as the assumption of sameness, not recognizing the differences (Alexis & Chambers, 2003; Bae, 2011; Primeau et al., 2014; Xu, 2010). Systemic discrimination was displayed through the lack of equal opportunities for education and career advancement or promotion between IENs and locally educated nurses (Bae, 2011; Gerrish & Griffith, 2004; Xu, 2010). IENs have experienced personal racism from patients and fellow staff members. One qualitative study credited all the issues they identified with IENs to be rooted in racism (Primeau et al., 2014). For example, one IEN shared that a patient refused to be cared for by her stating, “I don’t want to be treated by a terrorist” (Primeau et al., 2014, p.248). Not all

patients had such negative attitudes toward the IENs, but the attitudes of the patients did have an effect on the IENs both personally and professionally (Primeau et al., 2014).

The segregation felt by the IENs is confounded with barriers of culturally appropriate behaviors, such as IENs having difficulties asking questions due to conflicting cultural values (Ohr, Jeong, Parker & McMillin, 2014; Wolcott et al., 2013). Other studies highlighted that IENs often lacked necessary leadership skills such as assertiveness, delegation and making decisions (Baj, 1997; Cummins, 2009; Ohr et al., 2014; Primeau et al., 2014; Robinson, 2009). This assertiveness is reflective of communication barriers and differences in model of care.

Finally, fitness to practice or being educationally and practically equipped to practice in the host country came under scrutiny in some studies. IENs, managers and educators expressed that some IENs lack certain skills and knowledge to provide safe competent healthcare in the host countries (Primeau et al., 2014; Robinson, 2009). Many of the areas identified (assessments, documentation, medications, procedures, time management, prioritizing and efficiency) reflect back to cultural and systematic differences (Baj, 1997; Gerrish & Griffith, 2004; Ho, 2015; Neiterman & Bourgeault, 2013; Sherman & Eggenberger, 2008; Wolcott et al., 2013). Coupled with this, the IENs were often not fluent in host country information technologies, even computers that are required for providing an adequate standard of care in documentation (Baj, 1997; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Sherman & Eggenberger, 2008; Wolcott et al., 2013).

The issues identified in the literature reflect the needs of the IENs. There is a great need for the IENs to understand, and be understood in communication. IENs need the opportunity learn the differences in medical care systems, and to practice roles that did not exist in their home countries (such as patient advocacy). IENs need to have their basic needs met, and may require assistance in meeting these needs upon arrival, in addition to an acknowledgement of the great stress they are under. Finally, IENs deserve the same opportunities to practice to their abilities as nurses from the home country, and be free to do it without prejudice. The literature has given us common issues IENs have, allowing for the development of programming to address these issues and meet the needs of our IENs.

II. Recommended Inclusions

To address these issues, meet these needs, and allow for a smoother integration into the host country's healthcare system, the body of literature identified aspects to be included in orientation programs for IENs. Due to the nature of the system in which the studies were performed, the programs ranged from hospital based orientations to private bridging programs offered by universities, but the suggestions are relevant for a single purpose, which was to prepare the IEN to work in the host country's healthcare system safely and competently. As well, depending on country of origin of the IEN, and the location of the host country, some adaptations may apply. This integrative review allows for generalizability of the data, and that will be presented here.

Communication should be addressed heavily in the orientation program for IENs. The orientation program should allow for education and practice in medical terminology,

telephone communication and nonverbal communication (Alexis & Chambers, 2003; Chege & Garon, 2010; Cummins, 2009; Dywili et al., 2012; Sherman & Eggenberger, 2008; Primeau et al., 2014; Wolcott et al., 2013; Xu, 2010). Nurses who speak a language that is not the dominant language of the host location should also receive training in vocabulary and communication techniques (Baj, 1997; Chege & Garon, 2010; Yates & Dunn, 1996). The body of literature recognizes that cultural communication is especially important in the area of therapeutic communication, a key nursing skill, and orientation programs should allow for IENs to develop these skills (Primeau et al., 2014; Yates & Dunn, 1996). The literature compilation also suggests that the best way to learn communication in a new culture is by doing, by being immersed in it, and having the opportunity to practice (Ho, 2015). IENs described nursing as “complicated and unpredictable” (p.224), state that lecture style learning cannot prepare you for sufficiently for the role, and that they learned more language, culture and skills through doing the job (Ho, 2015).

Orientation programs need to allow IENs to explore the medical and nursing systems and practices of the host countries, in comparison to their own. The structure of the system, the roles of healthcare workers, scopes of practice, regulations and policies are all essential information to be presented during the orientation (Alexis & Chambers, 2003; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Wolcott et al., 2013; Xu, 2010). A nurse in one study recognized this importance by stating regulatory information should be the first order of business for orientation (Sherman & Eggenberger, 2008).

Hospital and unit level routines and policies are also essential for the IENs to learn (Ho, 2015).

Cultural orientation is important to any program designed for IENs, and there is a cultural aspect to almost every part of the orientation. The literature does suggest specific cross-cultural elements to be included in the orientation, wherein cultures can be shared among new and current nursing staff (Alexis & Chambers, 2003; Baj, 1997; Ho, 2015; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Xu, 2010). Cross-cultural elements include the encouragement of sharing the differences among cultures, in an effort to further appreciate and respect these differences (Yates & Dunn, 1996). Cultural diversity or uniqueness, rather than sameness needs to be celebrated in the workplace when welcoming IENs, and cultural education should be provided for both the IENs, and the healthcare workers of the host country (Chege & Garon, 2010; Dywili et al., 2012; Neiterman & Bourgeault, 2013).

A few studies (Alexis & Chambers, 2003; Neiterman & Bourgeault, 2013; Primeau et al., 2014) recommend a personal aspect to an orientation program, such as assisting with setting up life in the community to help the IEN incorporate into the work and living environment easier. Another article suggested going beyond educational and psychological assistance, and offering financial assistance to assist with set up (Wolcott et al., 2013).

Most of the literature did recommend the inclusion of education and practice of nursing skills in a program for IENs. Recommended topics were documentation, informed consent, the nursing process, discharge planning, relevant procedures and

assessments (Baj, 1997; Cummins, 2009; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Sherman & Eggenberger, 2008; Xu, 2010). Another area warranting specific training is in the use of any equipment or computer programs that the IENs are expected to use (Chege & Garon, 2010; Sherman & Eggenberger, 2008; Wolcott et al., 2013). To improve this skill base, it is recommended to use simulation labs or role-playing whenever possible (Robinson, 2009; Sherman & Eggenberger, 2008), and to begin working in a non-acute area such as a long-term care facility, rather than a critical care unit (Baj, 1997).

The inclusion of leadership or management skills, including critical thinking, delegation and assertiveness training in orientation programs for IENs was seen as important, as these skills are often underdeveloped or lacking in nurses that come from a less collaborative model of care system (Alexis & Chambers, 2003; Cummins, 2009; Neiterman & Bourgeault, 2013; Sherman & Eggenberger, 2008; Xu, 2008; Xu, 2010). As well, the emphasis of a teamwork approach, and strong leadership throughout the program have shown to benefit the integration of IENs into the workforce (Alexis & Chambers, 2003; Neiterman & Bourgeault, 2013; Ohr et al., 2014)

Organization and peer support have both shown in the literature as of utmost importance to the success of IENs in the host healthcare system. Emphasis was placed on the importance of social support, a buddy system, or a mentorship program (Neiterman & Bourgeault, 2013; Wolcott et al., 2013; Xu, 2008). If there are successfully integrated IENs in the area, it is recommended to use them as mentors to the new IENs, as they would most understand and provide the support the new IEN requires (Chege & Garon,

2010; Cummins, 2009; Dywili et al., 2012; Ho, 2015). Other sources recommended pairing the IEN with a locally educated nurse for preceptorship in addition to the mentorship (Ho, 2015; Primeau et al., 2014; Yates and Dunn, 1996). Preceptors must be appropriately prepared for their role as well (Robinson, 2009). Organizational support was shown through formal preceptorship arrangements, and through strong leadership throughout the organization (Sherman & Eggenberger, 2008).

Organizational supports shown to be important to the integrations of IENs in the literature were regular feedback from managers and educators, and opportunities for education and career development (Alexis & Chambers, 2003; Dywili et al., 2012; Primeau et al., 2014; Sherman & Eggenberger, 2008; Wolcott et al., 2013).

Organizational support can also be shown in the commitment to an orientation period for the IENs. IENs require a longer orientation period than locally educated nurses (3-12 months depending on the individual), and would benefit from more clinical hours during the orientation period, and a workload that builds as the IEN develops (Baj, 1997; Ho, 2015; Neiterman & Bourgeault, 2013; Primeau et al., 2014; Robinson, 2009; Wolcott et al., 2013; Xu, 2010).

IENs come from a variety of home countries and thus bring with them varied experiences, credentials and skill sets. The literature has demonstrated that it is beneficial to create individualized programs for IENs depending on their starting points (Alexis & Chambers, 2003; Cummins, 2009). Other sources call for regulated IEN programs that are evidence based, but allow for adaptation of programming depending on individual circumstance (Neiterman & Bourgeault, 2013; Xu, 2008).

III. Success Criteria

Many of the studies suggest that IEN orientation programs need regular evaluation (Alexis & Chambers, 2003; Neiterman & Bourgeault, 2013; Xu, 2008). These sources, however do not suggest criteria or methodology of evaluation, and focus on opinions and experiences, not measureable factors. Only one study allowed for the creation of evaluation criteria, by interviewing the key stakeholders (as per pluralistic evaluation research model) and describing what deems the program successful (Gerrish & Griffith, 2004). The five criteria are: “gaining professional registration; fitness for practice; reducing the nurse vacancy factor; equality of opportunity; promoting an organizational culture that values diversity” (Gerrish & Griffith, 2004, p.582). The generalizability of these evaluation criteria is low, due to the fact that it was specifically created for one program given by a health trust organization.

Gaps in the Literature

There are significant gaps in the literature pertaining to IEN orientation programs and their evaluation. The literature base consists of only 95 articles and has been critiqued to represent a weak strength, with low generalizability due to small single-facility based studies. IENs come from many home countries and bring with them a variety of experiences and expertise. No studies have proven that certain methodology works to increase an IEN proficiency in a certain area, nor does the literature provide comparison of integration of IENs from different countries. There are no studies specifically dedicated to internationally educated licensed practical nurses or nurses working in a long term care facility, and minimal with a host country of Canada.

A Major gap, and the one most relevant to this practicum project is the lack of evaluation of programs. IEN orientation or integration programs are conducted (almost) wherever IENs are hired, yet few studies present details of these programs, and the evaluation data is even scarcer. Studies with stronger methodology, and more generalizable results are required to build the evidence of methodology of IEN orientations that will be successful, and the evaluation of how that success is measured.

Conclusion

This integrated literature review has shown that there are common needs and issues among IENs working in industrialized host countries, that many independently organized programs exist to assist in the integration of these IENs, and that these programs lack formal creation and evaluation. The literature base is small, and of weak quality overall, but does demonstrate agreement among literature from various studies. The literature agrees that intensive orientation programs for IENs are important, that IENs should have more time than locally graduated nurses to adapt to the system and culture of care, but the literature has not agreed on what time length is appropriate. The database encourages the inclusion of communication, model of care and clinical skills in the orientation, and that organization and social support is very important. However, there is disagreement on whether a formal or informal preceptorship or mentorship program should be used, and whether nurses who were born in the host country, or IENs who have integrated previously would be the best support in this role. This review provides a thorough analysis of the current literature base for my preceptorship project entitled: "Evaluating the Orientation Program of Internationally Educated Licensed

Practical Nurses from Jamaica, who were Newly Employed at St. John's Long Term Care Facility in January and February of 2015". Evaluation can be used to identify the strengths and weaknesses of programs, providing evidence for making decisions about how to improve the quality of the program.

References

- Alexis, O., & Chambers, C. (2003). Exploring Alexis' model: Part two, valuing resources. *Nursing Management*, 10(5), 22-25. doi:10.7748/nm2003.09.10.5.22.c1938
- Bae, S. (2011). Organizational socialization of international nurses in the New York metropolitan area. *International Nursing Review*, 59(1), 81-87. doi: 10.1111/j.1466-7657.2011.00928.x
- Baj, P. (1997). Perioperative nursing challenges for the Russian émigré nurse. *AORN Journal*, 65(6), 1081-1086. Retrieved from <http://www.aornjournal.org>
- Chege, N., & Garon, M. (2010). Adaptation challenges facing internationally educated nurses. *Dimensions of Critical Care Nursing*, 29(3), 131-135. doi: 10.1097/DCC.0b013e3181d24bf2
- Cummins, T. (2009). Migrant nurses' perceptions and attitudes of integration into the perioperative setting. *Journal of Advanced Nursing*, 65(8), 1611-1616. doi: 10.1111/j.1365-2648.2009.05034.x
- Dywili, S., Bonner, A., Anderson, J., & O'Brien, L. (2012). Experience of overseas-trained health professionals in rural and remote areas of destination countries: A literature review. *The Australian Journal of Rural Health*, 20, 175-184. doi: 10.1111/j.1440-1584.2012.01281.x
- Gerrish, K., & Griffith, V. (2004). Integration of overseas registered nurses: evaluation of an adaptation program. *Journal of Advanced Nursing*, 45(6), 579-587. doi: 10.1046/j.1365-2648.2003.02949.x

- Ho, Y. (2015). Investigating internationally educated Taiwanese nurses' training and communication experiences in the United States. *Journal of Continuing Education in Nursing*, 46(5), 218-227. doi: 10.3928/00220124-20150420-02
- Neiterman, E., & Bourgeault, I. (2013). Cultural competence of internationally educated nurses: Assessing problems and finding solutions. *Canadian Journal of Nursing Research*, 45(4), 88-107. Retrieved from <http://www.mcgill.ca/cjnr/>
- Ohr, S., Jeong, S., Parker, V., & McMillin, M. (2014). Organizational support in the recruitment and transition of overseas-qualified nurse: Lessons learnt from a study tour. *Nursing and Health Sciences*, 16, 255-261. doi:10.1111 /nhs.12085
- Primeau, M., Champagne, F., & Lavoie-Tremblay, M. (2014). Foreign-trained nurses' experiences and socioprofessional integration best practices: An integrative literature review. *The Health Care Manager*, 33(3), 245-253. doi:10.1097/HCM.0000000000000018
- Public Health Agency of Canada. (2014). *Infection prevention and control guidelines: Critical appraisal toolkit* (Publication number 140182). Retrieved from: http://publications.gc.ca/collections/collection_2014/aspc-phac/HP40-119-2014-eng.pdf
- Robinson, J. (2009). 10 suggestions for orienting foreign-educated nurses: An integrative review. *Journal for nurses in staff development*, 25(2), 77-83. Retrieved from https://www.researchgate.net/journal/1098-7886_Journal_for_Nurses_in_Staff_Development-JNSD

- Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2: Qualitative research. *British Journal of Nursing*, 16(12), 738-744. Retrieved from <http://www.magonlinelibrary.com/toc/bjon/current>
- Sherman, R., & Eggenberger, T. (2008). Transitioning internationally recruited nurses into clinical settings. *The Journal of Continuing Education*, 39(12), 535-544. Doi: 10.3928/00220124-20081201-03
- Whitmore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553. Doi: 10.1111/j.1365-2648.2005.03621.x
- Wolcott, K., Llamado, S., & Mace, D. (2013). Integration of internationally educated nurses into the U.S. Workforce. *Journal for Nurses in Professional Development*, 29(5), 263-268. doi: 10.1097/01.NND.0000433145.43933.98
- Xu, Y. (2008). Facilitating adaptation of international nurses: Need for an evidence-based transition and integration program. *Home Health Care Management & Practice*, 20(2), 199-202. doi: 10.1177/1084822307309064
- Xu, Y. (2010). Transitioning international nurses: An outlined evidence-based program for acute care settings. *Policy, Politics, & Nursing Practice*, 11(3), 202-213. doi: 10.1177/1527154410384879
- Yates, E., & Dunn A. (1996). Enculturation of foreign nurse graduates: An integration model. *The Journal of Continuing Education in Nursing*, 27(3), 120-123. Retrieved from <http://www.healio.com/nursing/journals/jcen>

Appendix: Literature Summary Table

Table A1: Literature summary table

Study	Purpose	Study Design	Location; Sample	Findings
Alexis & Chambers (2003).	To apply Alexis' model, and suggest a framework to form the basis of Internationally educated nurses' orientation program	Model Application/ Discussion based article	UK; N/A	When planning orientation for IENs, all aspects should be considered: cultural, environmental, personal, professional, policies, leadership, social and financial.
Bae (2011)	Compare the opinions pertaining to organizational socialization of internationally educated, locally educated, and internationally born/locally educated Registered nurses.	Cross Sectional Study; Secondary Analysis of survey results	USA; 752 RNs surveyed. 507 American RNs, 245 International RNs (117 immigrated as children; 55 immigrated as adults; 73 foreign-educated)	Internationally Educated RNs rated organizational socialization higher than American RNs in the category of sufficient orientation. IENs did receive different orientation than American RNs. Orientation program and social support influence organizational socialization. IENs have experienced unequal treatment and marginalization.
Baj (1997)	To describe the initiation, issues and successes of an integration program for Russian-trained nurses into US perioperative healthcare areas.	Case study of implementation of "The Russian Nurse Project" (p.1081).	San Francisco, USA. Perioperative Area; Russian Nurses and Licensed	Changes to the program required: increasing language component, practice time, cultural experiences, and further education on legal, model of care and documentation. Licensed Vocational Nurse is

Study	Purpose	Study Design	Location; Sample	Findings
Chege & Garon (2010)	To describe the challenges Internationally Educated Nurse integration into US healthcare system, and suggestions to assist them.	Personal experience case report, with supporting literature review.	USA; One Kenyan Educated RN	closer in practice to level of education and experience of Russian Nurse. Non-acute settings provide best initial practice area.
				Largest challenges are communication (especially medical terminology and medication names), telephone orders, culture differences, nursing model and practice. Recommendations of formal orientation program including language (English and medical), culture and technology aspects with a follow –up program. Mentorship program and Culture awareness program for US nurses.
Cummins (2009)	To determine and quantify the views of internationally educated nurses regarding their workplace integration.	Cross sectional, descriptive study, questionnaires.	Ireland, Perioperative; 220 perioperative, internationally educated nurses working in Ireland hospitals	Areas IENs identified as difficulties include communication, assertiveness, delegation and cultural practices. IENs should be oriented with individualistic programs based on previous expertise. Preceptorship and orientation programs are valuable for the integration.

Study	Purpose	Study Design	Location, Sample	Findings
Dywill, Bonner, Anderson, & O'Brien (2012)	To evaluate the current literature pertaining to the experiences of internationally educated health care workers working in remote or rural locations.	Literature Review	17 articles included, study locations: Australia, Canada, New Zealand, UK and USA.	Adequate orientation programs, organizational support, mutual understanding of expectations and culture are key factors to successful integration.
Gerrish & Griffith (2004)	To evaluate an IEN adaptation program using a pluralistic evaluation research model	Qualitative, pluralistic evaluation design. Focus group and individual interview methods.	UK, 17 IENs from China, Philippines, India, Africa. All female.	Five measure of success identified: attainment of licensure, competence, decreased nursing shortage, IEN and UK nurse equality in advancement, cultural diversity in the workplace.
Ho (2015)	To investigate the perception of Taiwanese educated Nurses of how their education prepared them for working in the US, especially in the area of communication.	Qualitative, focus group, interview and survey methodology.	USA; Five Taiwanese educated RNs, ages 27-47, working in acute care.	Taiwanese nursing education did not prepare RNs for effective communication in the US. Key issues with classroom based hospital orientation programs were lack of language and cultural aspects, and nursing model. Job Shadowing, preceptoring and mentoring were seen as most beneficial to improving communication skills of these nurses.

Study	Purpose	Study Design	Location, Sample	Findings
Neiterman & Bourgeault (2013)	To analyze the effects of culture and nursing models of care have on IEN integration in Canada, and policies aimed at assisting in this integration.	Qualitative, semi-structured individual interview methodology.	Canada 71 IENs from 29 countries, working in British Columbia, Manitoba, Ontario and Quebec. 70 stakeholders (federal and provincial)	Communication and Healthcare Model are the two key components that IENs struggle with in integration. Increasing accessibility to and encouraging a Pan-Canadian bridging program involving clinical and cultural components are recommended, as the best way to overcome cultural barriers to practice in Canada. Also, standards of hospital level orientations are needed.
Ohn, Jeong, Parker, & McMillin (2014)	To assess the organization level supports available to IENs in the UK and USA, in comparison to Australia.	Study Tour, exploratory Methodology	Australia; 34 managers/ researchers, and 29 IENs from 7 hospitals, 2 universities and one nursing professional body.	For successful integration of the IEN into the host healthcare system, a variety of supports with strong leadership and a team approach is suggested. Ethical considerations are essential. Cultural integration supports should also be given to locally educated nurses.
Primeau, Champagne & Lavoie-Tremblay (2014)	To evaluate the current literature of the elements contributing to the successful or unsuccessful socioprofessional integration of IENs, and create guidelines for	Integrative Literature Review Methodology	USA; 54 articles, no specific country, all IENs.	Eleven recommendations given including language training; education on healthcare system, culture, skills building; orientation period of up to 6 months with reduced workload; mentorships; preceptorship; lifelong learning

Study	Purpose	Study Design	Location; Sample	Findings
Robinson (2009)	To provide evidenced based guidelines for developing orientation programs for IENs.	Integrative literature review methodology	USA; N/A	programs. Raceism rooted in all IEN issues. Orientation should be individualistic, and begin with IEN assessment. Longer time periods, allowing for teamwork, assertiveness training, collaboration practice, and technology training. Ensure adequate language support, and support for transition to US nursing model and workplace.
Sherman & Eggenberger (2008)	To identify the integration barriers of IENs from the perspective of the IENs and their managers, and provide suggestions for an orientation curriculum to meet these needs.	Qualitative interview methodology.	USA; 21 IENs from Scotland, Jamaica, Philippines, India, England, Australia and Zambia. 10 managers	Suggested orientation curriculum includes: Nursing in the US (system, policies), Pharmacology, US culture, Health assessment, nursing skills, and critical thinking. Strong and supporting leadership is required.
Wolcott, Llamado, & Mace (2013)	To identify the difficulties associated with IEN integration into the US healthcare system as seen by the IENs, nursing educators and managers, and identify possible strategies to overcome	Qualitative pilot study, individual interview methodology.	USA (California); Five IENs from Denmark, Germany, India, Philippines, and Portugal. Four nurse educators,	Communication, and culture were key challenges. Recommendations include ample time for adaptation, team building, cultural preparation for current staff, specialized orientation programs focusing on culture, “the nursing process, assertiveness training, advocacy,

Study	Purpose	Study Design	Location, Sample	Findings
	these difficulties.		Four nurse managers.	and critical thinking” (p. 268), and initial financial and language supports.
Xu (2008)	To provide an evidenced argument for an evidence based integration program for IENs.	Evidence based discussion article.	USA; N/A	Errors in current programs: focus on immediate outcomes, lack of explanation of healthcare models, language support inadequate, leadership/ management skills missing, rarely appropriately evaluated. Suggests: full review of programs, then create model and test it for validity.
Xu (2010)	To propose and discuss an evidence based program to integrate IENs into the US acute healthcare system.	Evidence based discussion/ proposal of program	USA; N/A	Inclusions of the transition program: Communication, nursing skills/knowledge, personal/leadership skills, policies, comparison of US and home country healthcare systems and values. Transition program of 12 months in length. Ensure equal opportunities and fair treatment of IENs and ensure adequate and just supports.
Yates & Dunn (1996)	To present a communication program designed to overcome the communication barrier	Intervention with unquantifiable, informal qualitative data.	USA; 30 IENs, country of origin not given.	Communication of IENs can be improved by a dedicated program integrating culture and therapeutic, verbal and non-verbal

Study	Purpose	Study Design	Location, Sample	Findings
	often experienced by IENs in the US.			communication. Frequent reinforcement opportunities are also suggested.

Appendix B: Summary of Program and Evaluations

Summary of Program and Evaluations

Heidi Ball

Memorial University School of Nursing

In January and February of 2015, 19 Licensed Practical Nurses (LPNs) from Jamaica began working at Eastern Health's St. John's Long Term Care (LTC) facility. Prior to their employment, these nurses were educated by Eastern Health's Center for Nursing Studies, at a satellite site in Jamaica. Although all the LPNs who were hired had successfully graduated from the LPN program, some of the LPNs did not complete the preceptorship requirement for licensure in Newfoundland and Labrador at the time of being hired. In the time between graduating the LPN program and being hired by Eastern Health, which was more than a year, none of the LPNs were employed in a clinical area.

The Pre-Orientation Support

Prior to the start of the official orientation program, pre-orientation support was provided by Eastern Health, which began with representatives meeting the new LPNs at the airport and providing transportation to the temporary housing that had been arranged and provided. Further help with finding long-term housing was also provided when necessary. The LPNs were given assistance accessing the bank, the MCP office, the Federal Government office (for obtaining SIN), the LPN licensure office, the grocery store, as well as appointments associated with meeting medical clearance for initiating employment. This assistance was given through arranging appointments, personal support and transportation. LPNs were also provided with lists of contact information for local shopping centers, restaurants, transportation services and churches, as well as for the contact persons for the orientation program.

The Orientation Program

The orientation program for these LPNs was designed to prepare them to work safely and competently within Eastern Health's LTC program. Partnership with the College for LPNs allowed for orientation hours to fulfill the preceptorship requirement for licensure for those who had not previously fulfilled that requirement. The international recruitment, hiring, and orientation involved collaboration of Eastern Health, the College for LPNs NL, the Government of NL, and the Center for Nursing Studies. The orientation program was created and coordinated by author Heidi Ball, Clinical Nurse Specialist with Eastern Health's LTC program, and was run by Leeann Wadman, a Clinical Educator hired specifically for this orientation program.

The 400-hour orientation program consisted of a mixture of classroom instruction, lab skills practice, computer education modules, job shadowing hours on the unit, working shifts cosigned to a staff member on the unit, and a four-week preceptorship. At the end of the orientation the expectation was for the LPN to be competent to work independently at a full scope of practice, at the St. John's LTC facility. The competence was evaluated through feedback from preceptors and observations from the educator, which were measured according to the clinical competency checklist, a list of all the activities within the scope of practice for an LPN working in Eastern Health's LTC program.

The orientation program designed for the LPNs from Jamaica included all the components of the regular orientation, allowing for more time for technological, cultural, linguistic and unpredicted challenges; as well as additional topics including sessions with

the Center for New Canadians and Human Resources allowing for discussion of culture and workplace norms. Classroom and educational sessions were led by appropriate personnel for each topic (CNS, dietitian, speech language pathologist, infection control personnel, physiotherapist, etc.).

The Orientation Program included the following:

- a) Welcomes and Greeting from upper and middle management
- b) Organization, Site and Departmental Orientations
- c) Classroom Sessions: LPN union

EH payroll and benefits

EH employee relations

Personal Health Information Policy

Professional Practice

Resident Centered Care/ Patient Advocacy

Policies

Pastoral Care and Ethics

Health Emergency Management

Privacy/Confidentiality Oath

Occupational Health and Safety

Infection prevention and control

Quality and Risk Management

Association for New Canadians/ NL Culture

Elder Abuse

The Interdisciplinary Team

Therapeutic Relationships

Geriatric Resident

Documentation and Charting

Standards of Practice and Code of Ethics

Families/Communication

Least Restraint/Surveillance/Fall Risk/Mask Fitting

Online Resources

Special Diets

Dysphasia/Textures of food

High Risk Feeding

Post Mortem Care

Diabetes Management

Medication Administration

In-service to LTC Medication services

Skin Care/ Incontinence Products

Wound Care

Dementia Care

End of Life/Palliative Care

Occurrence Reporting

Nursing Leadership

d) Education Session: Basic Life Support

Safe Resident Handling

Glucometer Training

e) Computer Sessions: LPN Code of Ethics

LPN Scope of Practice

Communication in Nursing

Canadian Health Care System

Jurisprudence (LPN)

Medication Administration

Appreciating Diversity

Cultural Awareness

Nursing Process

What's needed to become a leader

Communication and Conflict Management

Decision Making, Assignment, and Delegation

Managing Change

f) Computer Training: Meditech

RAI-MDS

g) Lab Skills:

Vial Signs

Wound Care

Glucose Monitoring

Airway Management

Oxygen Therapy

Tracheostomy Care

Intake and Output

Elimination, Catheterization and Specimen Collection

Enema Administration

Ostomy Care

Enteral Nutrition

Health Assessment

Medication Administration

h) Job-shadowing another healthcare worker, an observational role for IENs:

Personal Care Attendant (8-hour day)

Licensed Practical Nurse (8-hour day)

Registered Nurse (8-hour day)

i) Shifts co-signed to another healthcare worker on unit, participation in resident care under their immediate supervision of this worker:

Personal Care Attendant (2 – 8 hour days)

Licensed practical Nurse (4 – 8 hour days)

j) Preceptorship: 137.5 hours cosigned to a LPNs (12 hour shifts). Under the supervision of the preceptor, the IEN increases independence and workload as they progress.

Thirteen LPNs made up the first group to go through this orientation with a start date of January 5, 2015, and six LPNs made up the second group, with a start date of February 24, 2015. This orientation was independent from the LTC orientation for

Canadian educated employees new to LTC, which for LPNs consists of one week of classroom education and three weeks of cosigned preceptorship.

Evaluations of the Program

Overall, the program was successful in that all of the nineteen LPNs who began the program in January or February 2015 are now working at St. John's LTC. A pre and post orientation evaluation survey was completed by the LPNs, the pre orientation assessment was completed on the first day of orientation, and the post orientation assessment was completed immediately following the end of the preceptorship (Baresford Osborne & Wadman, 2015). The evaluation consisted of four sections. The first three sections were rated on a 1-10 scale and included confidence of performing LPN duties, expectations of the program, and expectations of the clinical educator and preceptors. The final section was comprised of open-ended questions asking for feedback about the program.

The results were summarized and presented in a report by clinical educators (Beresford Osborne & Wadman, 2015). There was a 100% response rate to this evaluation. The confidence level in performing LPN duties increased for both groups; the expectations of the orientation program scored lower in both groups on the post-orientation survey indicating that there are areas for improvement; and there was no significant change in rating of clinical educator and preceptor, showing that the expectations of these roles were met. Open-ended questions had common themes and were analyzed to create these proposed recommendations.

Proposed recommendations from this evaluation:

1. Increase exposure to multiple units during preceptorship
2. Decrease classroom time, and Increase practical experiences/time on units
3. Reduce repetition (suggested by 1 of 19 LPNs)

Overall, the comments were positive, and indicated that the orientation program increased the LPNs abilities and readiness to work at St. John's LTC. However, the evaluation tool was collected and analyzed by the educator of the orientation program, which possibly affected the results. Although some anonymity was attempted, with a small group of 13 or 6 LPNs who worked closely with the Clinical Educator, and having the evaluation completed via pencil and paper, it was difficult to ensure this. As well, as new employees and new immigrants, it is possible that the LPNs would not feel comfortable to express true dissatisfaction with the program, or may feel that it could affect their employment status with Eastern Health.

References

- Baresford Osborne, M., & Wadman, L. (2015). *Clinical orientation report: Internationally educated licensed practical nurses (Jamaica)*. Unpublished manuscript, Eastern Health, St. John's, NL, Canada

Appendix C: Summary of Guiding Framework

Summary of Guiding Framework

Heidi Ball

Memorial University School of Nursing

Robert Stake's Responsive evaluation will form the framework for my practicum project. Responsive evaluation encourages the recognition and inclusion of diverse interests of all stakeholders. It allows for an evaluation of the issues of a program, as identified by the stakeholders, as well as an evolution of these issues and evaluation (Stake, 1976). Although this method of evaluation lacks accuracy in measurement, and generalizability, it boasts an increased relevance, and is appropriate for programs that are complex and involve multiplicity of issues from diverse stakeholders (Stake, 1976). This is an appropriate framework for the proposed practicum project, due to the diversity of stakeholders involved, and the goal of the practicum, which is to focus on the specific orientation program.

This framework involves fluidity of stages rather than succession, and allows for observations and feedback through the evaluation process. As suggested by Stake (1991), the stages can occur in various orders or concurrently, and the evaluator may repeat stages at any time during the evaluation process. The evaluation ends with reporting the findings of my project back to the stakeholders for their consideration of making any suggested modifications to the program.

The difference with the framework that will guide my practicum and true responsive evaluation, is that my work, due to time and resource restraints necessitates that I choose a focus of one or two issues identified by stakeholders, rather than evaluating all issues. As well, due to time and resource constraints, my work will be more linear than true responsive evaluation allows for, in that communication will remain fluid, but the issues chosen will remain fixed and the evaluation will follow the

framework shown below. Ensuring all stakeholders are involved prior to selecting the issue, and that lines of communication remain open will reduce bias in this restriction on the responsive evaluation model. By not limiting the information collected in this way, validity will be preserved.

Stake (1976, 1991) represents responsive evaluation in twelve movements in a circular diagram. My framework, reflecting responsive evaluation consists of four major stages. It does involve fluidity, and allows for re-consultation with key stakeholders at any time if required.

Stages:

1. Identification and isolation of key issues through:
 - a. Literature Review;
 - b. Summarization of program and completed evaluations;
 - c. Consultations with key stakeholders;
2. Plan to evaluate key issues through:
 - a. Creation of evaluation criteria;
 - b. Development of evaluation plan;
3. Implementation of evaluation plan;
4. Reporting of Results to stakeholders through:
 - a. Powerpoint presentation;
 - b. Written report.

References

- Stake, R. (1976). A theoretical statement of responsive evaluation. *Studies in Educational Evaluation*, 2(1), 19-22. doi: 10.1016/0191-491X(76)90004-3
- Stake, R. (1991). Excerpts from: "Program evaluation, particularly responsive evaluation". *Evaluation Practice*, 12(1), 63-76. doi:10.1016/0886-6633(91)90025-S

Appendix D: Summary of Consultations

Summary of Stakeholder Consultations

Heidi Ball

Memorial University School of Nursing

Between February 1 and February 15, 2016, I conducted consultations with representative key stakeholders within Eastern Health. Three consultation interviews were conducted in all, and the results will assist me in creating a plan to evaluation the orientation program for internationally educated licensed practical nurses (IELPNs) from Jamaica who were newly employed with Eastern Health long term care program in 2015. In this summary I have integrated the answers from the varied sources, and have drawn conclusions based on this data.

Purpose

The purpose of the consultations was to include key stakeholders in the development of the evaluation plan. This was achieved by having input from these stakeholders identifying purpose and priorities for the evaluation.

Sample

The key stakeholders were/are involved in the IEN orientation program with different roles. Four stakeholders were contacted and three agreed to involvement with this project. A fourth stakeholder gave support to the project and identified its importance through email correspondence, but decided to not be involved as a consultant. The three stakeholders that were consulted were three RNs, one employed as a clinical educator who oversees the orientation and preceptorship of the IENs, one employed as a recruitment consultant who was responsible for the recruitment and hiring of the IENs, as well as coordinating and implementing the pre-orientation support plan, and the third RN is employed as a Clinical Nurse Specialist who has the coordination of the IEN orientation within her portfolio.

Data Collection

These stakeholders were contacted via email, given a description of this practicum project, and were invited to be involved in assisting me in identifying evaluation priorities through a short interview. The interview questions were common among all consults and stakeholders were given the option to complete interview questions via email or telephone (see Appendix). Two stakeholders chose to answer questions via email, the third answered questions via email, but also wished to discuss answers via telephone and this was accommodated. I was available via email and telephone to answer or clarify any uncertainties in the questions, but stakeholders answered all questions without need for clarification. Interviewees participated voluntarily, and their answering of interview questions was seen as consent to participation.

The interviews consisted of four questions. Question one asked about their role within Eastern Health, and their involvement with the IEN orientation project. The second question asked them to identify what they believe the purpose of the orientation to be. The third question asked their opinion about three areas that were identified in the literature review, and whether they are/should be included in the program and if there is a priority of evaluation in relation to that topic. The three topics were: communication, fitness to practice, and organizational and personal supports. The final question asked the consults to identify one criterion that they would judge the success of the program on.

Results

Due to the varied roles of the interviewees, a variety of answers were given, however there were common themes among the answers that have allowed me to identify

priorities for evaluation, upon which I will base my evaluation of this orientation on.

Because of the varied responses, and yet the common themes, I determined that there was sufficient data collected to proceed with the development of the evaluation plan, and other consultations were not necessary at this time.

Purpose

The purpose of the orientation program was identified by the consultants as an opportunity to establish a baseline competency level, or identify personal learning needs, and allow for the education and practice to fill the areas needed. One consult identified the need of 400 hour orientation to fulfill licensing requirement, but all the consultants identified the purpose being filled by the orientation to learn policies, increase knowledge and refresh or learn the skills needed to work independently. The purpose was to introduce the LPNs to long term care, the Canadian healthcare system, as well as begin the integration not only into the workplace, but the community as well.

Communication

Two of the consultants identified communication as part of the orientation program, one identifying the communication between patients and nurses, the other identifying multiple dimension of communication covered in the program. The third consultant was unsure if communication was a specific part of the orientation program, but did state that it should be.

Two of the three consultants identified that cultural communication should be a priority in the orientation, and an evaluation priority. One consult described an observed difference in directness as a cultural difference affecting communication, whereas

another observed that the IENs from Jamaica were very private people. This consult also suggested evaluating the effectiveness of the staffs communication to the LPNs during their rotating shifts on the unit. Finally the third consult suggested that documentation, especially the use of computer documentation, would be the main priority requiring evaluation for this orientation program.

Fitness

All three consultants identified a fitness for practice priority in the orientation program. The items identified in this area include: skills, policies, procedures, medication administration, safe resident handling, preparedness, and safety for both resident and employee.

Recommended areas of evaluation were to determine if at the end of the orientation program, were the LPNs practicing at an entry level of practice, or did they feel that they were ready to practice independently after the preceptorship. Areas identified as specific interest in fitness were medication administration, health assessment, and other clinical skills.

Support

Two of the three consultants identified organizational and peer support as part of the existing orientation program, the third suggested that it is needed.

Evaluation priorities for support suggested by the consultations were how the IENs felt about the support given during the preceptorship or by the staff/organization especially when floating across many units in the facility. A second priority identified by one stakeholder was to determine if the pre-orientation supports and the extended

orientation impacted the integration, and was more support found from the preceptors, current staff, or from each other in the IEN group.

Success Criteria

Three main measures of success were identified by the consultants to determine if the orientation program was a success. Firstly the opinions of the IENs, did they feel they were given the support and tools necessary through the orientation program. Secondly, what is the current job satisfaction level of the IENs. Finally, what is/will be the retention rate of these IENs.

Evaluation Priorities

There were several repetitive themes threaded through the consultation interviews, and three priorities were identified as areas that are in need of evaluation:

4. What is the level of competency of the IEN, especially in relation to safety, skills and medication administration? Did the orientation program allow the IENs to begin work safely with an entry level of practice?
5. How have the IENs felt supported by preceptors/staff/organization/each other, during the orientation program, preceptorship and through the first year of work?
6. What is the job satisfaction of the IENs, and their intention to stay? Has this changed since beginning work, since finishing the orientation program, or after the first year of employment?

Conclusion

The consultations completed have identified a variety of areas in the orientation program that require evaluation. The different priorities of the interviewees come from the varied roles within the organization and within the orientation program. The interviews have had consensus, however, and have identified the greatest evaluation needs. From these suggested priorities I will develop a plan of evaluation that will be of benefit and interest to the key stakeholders, and to the future of the IEN orientation program.

Appendix

Interview Template:

Hello, My name is Heidi Ball. I was involved with the orientation of the Internationally Educated Nurses (IENs) from Jamaica in 2014-2015, in my role as Clinical Nurse Specialist with the LTC program. I am currently completing graduate work, and focusing my practicum on the evaluation of this orientation program. By evaluating this program, I hope to make recommendations for quality improvement of this program.

As a key stakeholder in the planning and implementation of the orientation, can you please answer the following questions to assist me in developing my evaluation plan? I trust you to be honest to ensure the best quality of evaluation plan to be developed. The goal of this interview is not to evaluate the program, but to develop criterion upon which to base the evaluation of the program. Thank You.

1. a) What is your role within Eastern Health?
 b) What is/ has been your role with the IENs from Jamaica?
2. What do you feel is the purpose of the IEN orientation program, given by Eastern Health?
3. The literature has identified Communication as the primary issues of IENs coming to industrialized countries to work, influencing satisfaction of the employees and patient care. Communication in this sense refers to non-verbal communication, dialects, slang, telephone and written communication, not just language barriers. Do you feel the orientation of IENs from Jamaica has a communication goal? What area (if any) within communication would be priority to evaluate?
4. The literature has also identified fitness for practice as an issue for IENs practicing in industrialized countries, especially in relation to patient safety. Do you feel the orientation of IENs from Jamaica has a fitness for practice goal? What area (if any) within fitness for practice would be priority to evaluate?
5. The literature has identified organizational and Peer support systems as having a large impact on the integration and orientation of IENs into their host country's workplaces. Do you feel the orientation of IENs from Jamaica has an organizational and/or peer support goal? What area (if any) within organizational and peer support would be priority to evaluate?
6. What is the one criteria you would use to determine if the IEN program is successful or not?

Appendix E: Evaluation Report

An Evaluation of the Orientation of
Internationally Educated Licensed Practical Nurses (IELPNs) from Jamaica
working in a Long Term Care (LTC) Program in St. John's, NL

Heidi Ball, 200316735

Supervisor: Dr. Zaida Rahaman

Memorial University School of Nursing

Table of Contents

Abstract	3
Introduction	4
Summary of Program to be Evaluated	4
Goal and Objectives	6
Methodologies	6
Evaluation 1: Survey	7
Evaluation 2: Interviews	8
Results	
Participants	10
Results for Objective 1	11
Results for Objective 2	13
Results for Objective 3	15
Results for Objective 4	17
Overall	18
Discussion	19
Reaction/Learning	19
Behaviour	20
Results	21
Recommendations	24
Value Added	25
Limitations	26
Conclusion	28
References	29
Appendices:	
Appendix A: IELPN Survey	32
Appendix B: Interview Guide	40

Abstract

In January and February of 2015, nineteen internationally educated licensed practical nurses from Jamaica began working in Eastern Health's long-term care program. This report describes an evaluation of this program using evaluation criteria as determined by key stakeholders. Until now no long-term evaluations of this orientation program have been done. The current body of literature of evaluations of orientation programs for internationally educated nurses is limited to one evaluation. This evaluation consists of survey and interview methodologies, and gathers retrospective data in the areas of comfort in performing and competence of nursing skills, levels of support experienced, job satisfaction, and expected retention. The data is analyzed in light of current literature, using Kirkpatrick's evaluation model, and recommendations are made for quality improvements to the program.

An Evaluation of the Orientation of Internationally Educated Licensed Practical Nurses
(IELPNs) from Jamaica working in a Long Term Care (LTC) Program
in St. John's, NL

Extended clinical orientations and social support systems are two factors that have been associated with the successful integration and retention of Internationally Educated Nurses (IENs) in their roles in the host country's healthcare system (Moyce, Lash, & Siantz, 2015). In January and February of 2015, nineteen Licensed Practical Nurses (LPNs) who were educated in their home country Jamaica, through the Center for Nursing Studies in NL, Canada, began employment with Eastern Health's Long Term Care (LTC) program. The Health Authority provided an orientation program that was tailored to the anticipated needs of these Internationally Educated LPNs (IELPNs).

In this report the author will describe a quality improvement evaluation of the orientation program for IELPNs from Jamaica who began work in January and February of 2015 with Eastern Health's long-term care program. The evaluation consists of two parts including: a survey of IELPNs and interviews with managers and clinical educator. Goal, objectives, and evaluation tools were developed using the current literature base, and data from consultation interviews of key stakeholders of the orientation program. In this report I will provide summaries of the program being evaluated, the methodologies used, and the results; as well as present a discussion of the results in light of current literature, and finally reveal recommendations that would improve the quality of this program.

Summary of Program to be Evaluated:

The orientation program that the IELPNs participated in was designed specifically for them, and was delivered independently of other orientation programs given to Canadian educated LPNs entering the LTC program at that time. The program consisted of three individual parts, and was valued at 400 clinical hours, which was a requirement for licensing purposes. The three parts of the program are as follows:

1. The pre-orientation supports consisted of three days of provided assistance for the new LPNs to set up bank accounts, obtain Newfoundland and Labrador Medical Care Plan (MCP) cards and Social Insurance Numbers, have appropriate medical assessments, and obtain necessary grocery items to stock the provided temporary living quarters. This time also allowed for acclimatization to the new work and living locations.
2. Clinical orientation consisted of approximately seven weeks of classroom, lab, and computer education in which the LPNs familiarized themselves with the Canadian healthcare system, policies and procedures of Eastern Health, and Newfoundland Culture. This orientation was conducted in partnership with the NL College for LPNs, who provided educational sessions; the Center for Nursing Studies, who provided lab skill instruction and practice; and many faculties within Eastern Health including human resources, physiotherapy, dietary, computer education and more. Job shadow days were also included in this orientation, which allowed the LPN to explore the roles to the Personal Care Attendant

(PCA), Licensed Practical Nurse (LPN) and Registered Nurse (RN) at the LTC facility.

3. The final part of the orientation was a preceptorship in which the LPN was cosigned with a staff LPN, followed the shift work schedule, and had an increasing level of independent workload, under the supervision of the cosigned LPN.

Goals and Objectives

Goal:

The goal of this evaluation is to evaluate the IELPN orientation program according to priority areas identified by representative key stakeholders, and develop quality improvement recommendations based on evaluation data.

Objectives:

1. To assess the comfort level, as seen by themselves, of the IELPNs in the areas of safety, health assessment and medication administration at the end of the orientation, and after one year working at the facility.
2. To assess the competence, as seen by their managers and educators, of the IELPNs in comparison to Canadian educated new graduates at the facility, in the areas of safety and medication administration at the end of the orientation, and after one year working at the facility.
3. To Identify the level and type of support felt by the IELPNs during the orientation program and during the first year of work, and areas deficit of support.

4. To determine the job satisfaction and anticipated retention expectation of the IELPNs and how this has changed since the completion of the orientation program, and after one year of work.

Methodology

The evaluation was twofold, involving pen and paper surveys for the IELPNs and face-to-face interviews with managers and educators. The two aspects of the evaluation are described separately.

Evaluation 1: Surveys

Evaluation surveys were distributed for completion and returned at Eastern Health's LTC facility. Survey packages (including a letter of instructions, the survey, and a return envelope) were either hand delivered to the nursing unit the IELPN was working on, or delivered via nurse communication bulletin board between May 17th 2016 and May 27th 2016. An initial due date of May 30th 2016 was given, but was extended to June 3rd 2016 in an effort to increase response.

The entire population of nineteen IELPNs from Jamaica that began work with Eastern Health in January and February of 2015 were invited to participate in the survey, and each of these employees received a survey. Prior to distribution, through informal conversation, individuals from this population were made aware that this research was ongoing and to anticipate the survey. During the evaluation period, five of the individuals were seen informally by the evaluator and reminded of participation.

The survey (see Appendix A) was developed by author Heidi Ball by identification of key evaluation criteria through a consultation interviews with key

stakeholders of the program. Consultation interviews were guided by a literature review of common issues and inclusions in internationally educated nurse orientation programs.

There were no names or identifiers (aside from general categorical demographics) used for the surveys. Participation was voluntary and anonymity was maintained throughout the entirety of this project. Collected responses and data were kept in the personal secured files of the evaluator, not on the property of Eastern Health.

Surveys included general demographics and a self-reflective Likert type scale questionnaire evaluating the comfort level of performing LPN competencies in the areas of Health Assessment, Medication Administration and Safety, both at the end of orientation and at present. The survey also contained likert scale response questions to evaluate where support was felt during the orientation, at the end of the orientation and at present. The survey concluded with questions regarding job satisfaction and anticipated retention timeframes at the end of orientation and at present. All sections also contained open response questions to allow for explanation of categorical responses and opportunity to suggest program improvements.

Data was tabulated and analyzed by the author. Likert answers were evaluated for central tendency and presented in graphical figures. Qualitative answers were analyzed and answers were grouped with the data set from evaluation two, where appropriate. Data was grouped and summarized according to Kirkpatrick's Evaluation model. Conclusions were drawn to develop suggested improvements to the program.

An ethics review was not required as the purpose of this evaluation was for quality improvement. Informed consent was maintained, as the purpose of the surveys

was explained and promises of confidentiality and anonymity were provided in the introduction letter. Participants had the author's contact information if questions arose. Volunteer interest of survey was also explained in the letter, as well the statement of implied consent with survey completion.

Evaluation 2: Interviews

All interviews took place in a private meeting space in Eastern Health's LTC facility, which was not in direct proximity to the population that participated in the orientation. The office space was clean and quiet. The lighting and temperature were appropriate for participants.

Seven managers and one educator were invited via email to participate, with the intent of identifying two to three participants who had worked closely with the IELPNs after their orientation and at present. Three individuals were interested and felt they could provide appropriate viewpoints. All individuals who showed interest were included in the sample.

A semi-structured interview was used to ensure key points were adequately covered, but allowed flexibility and key points to be conversationally enriched in discussion. The interview guide (see Appendix B) was developed by author Heidi Ball using data from consultant interviews and a literature review. Interviews were audio recorded and verbal consent was received for this. Recordings were kept on a password secured personal data device, and deleted when data analysis completed.

The interviews consisted of binary (yes/no) questions, as well as qualitative-based response, short answer questions. The topics included in the survey included

overall competence, medication administration, safety and other (asking for suggestions of noticed gaps in the Orientation Program).

Interviews were transcribed by author, Heidi Ball. Binary answers were assessed for frequency, and presented in graphical format. Short answer responses were analyzed and grouped, and appropriate data also grouped with open responses from evaluation one. Data was grouped and summarized according to Kirkpatrick's Evaluation Model. Using this model guided an evaluation that was inclusive of multiple levels, from reactions of participants to the final effects on the organization. Conclusions were drawn to develop suggested improvements.

Informed consent and consent for audio recording was obtained verbally. Names and identifiers are not used in data presentation.

Results

Participants

Evaluation 1: Survey

All nineteen participants in the IELPN orientation program were invited to participate and received the survey package. Two surveys were returned completed. Both participants were female, one in the 25-34 years of age category, one in the 35-49 years of age category. Both participants were of Jamaican citizenship and completed their LPN training in Jamaica. Participants were hired by Eastern Health for their first LPN employment opportunity, which was approximately 4 years after the completion of their LPN program. Participants have been working as LPNs with Eastern Health in the

LTC program for 15-16 months (one participant from each of the two orientation sessions).

Evaluation 2: Interview

All three participants that completed interviews were females in leadership position within Eastern Health's LTC program. Two were managers, and one was a clinical educator. One of the managers was in an RN role at time of the LPN orientation and preceptorship, the clinical educator also worked in an RN role periodically within the LTC program. All parties are aware of the expectations and scope of practice of LPNs within Eastern Health's LTC program.

Results for Objective 1:

Self-Described Comfort in Performing LPN Competencies

All respondents rated their comfort level in performing competencies related to health assessment as comfortable to very comfortable (see Figure 1). The open-ended question asking for suggestions of areas related to health assessment, in which extra education during orientation would be beneficial to their practice was unanswered by both respondents.

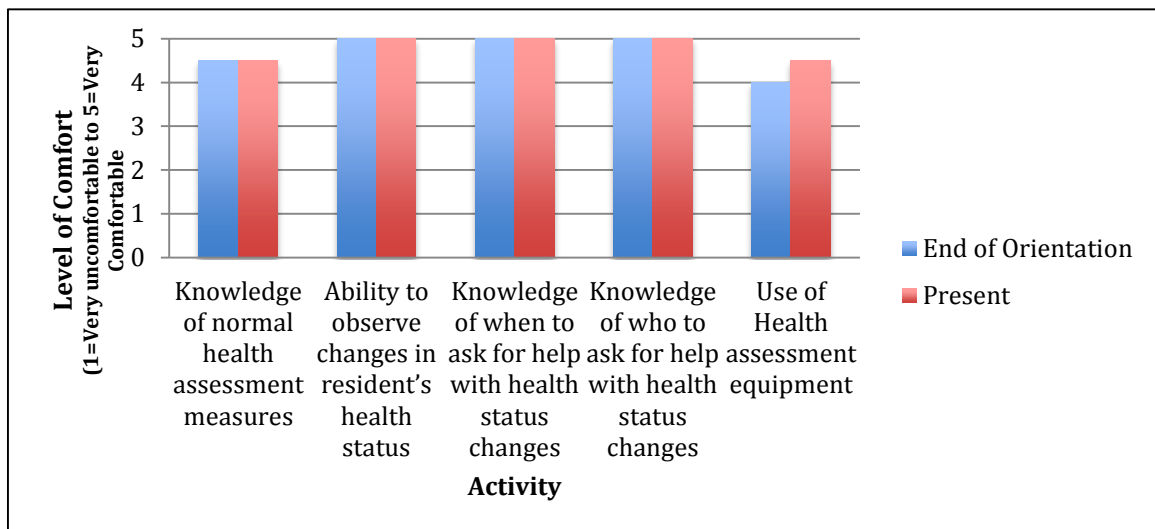


Figure 1: Self-described comfort of performing LPN competencies related to health assessment by IELPNs at the end of the orientation period and at present.

All respondents rated their comfort level in performing competencies related to medication administration as comfortable to very comfortable, except one category (see Figure 2). One respondent rated themselves as uncomfortable with the knowledge of names and classes of commonly used medications, at the end of orientation, but comfortable with it at present. The open-ended question asking for suggestions of areas related to medication administration, in which extra education during orientation would be beneficial to their practice was unanswered by both respondents.

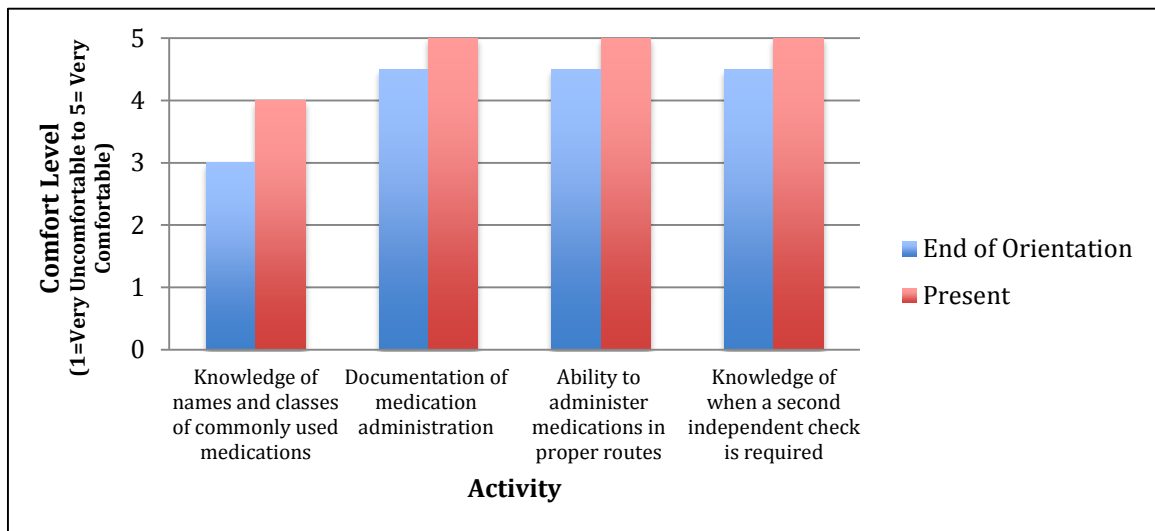


Figure 2: Self-described comfort of performing LPN competencies related to medication administration by IELPNs at the end of the orientation period and at present.

All respondents rated their comfort level in performing competencies related to safety as comfortable to very comfortable except for two categories (see Figure 3). One respondent stated feeling comfortable some of the time in their ability to ensure the safety of their resident and self in resident handling, but comfortable with this practice at present. The open-ended question asking for suggestions of areas related to safety in which extra education during orientation would be beneficial to their practice was unanswered by both respondents.

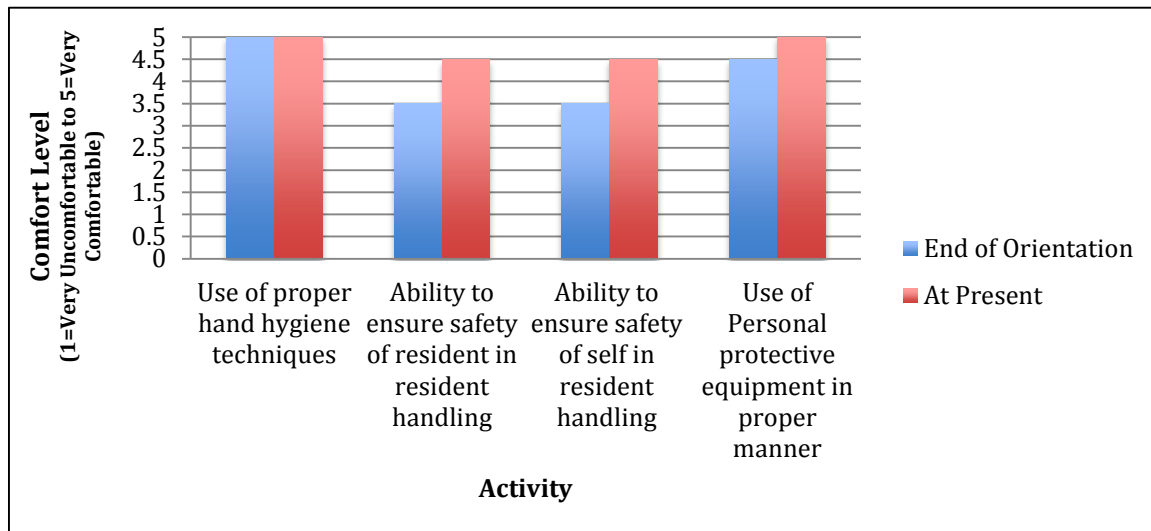


Figure 3: Self-described comfort of performing LPN competencies related to safety by IELPNs at the end of the orientation period and at present.

Results for Objective 2: Competence as Rated by Managers/Educator

All participants interviewed rated the overall competence of the IELPNs at an acceptable level of competence for an entry-level practitioner at the end of orientation and as a one-year practitioner at present (see Figure 4).

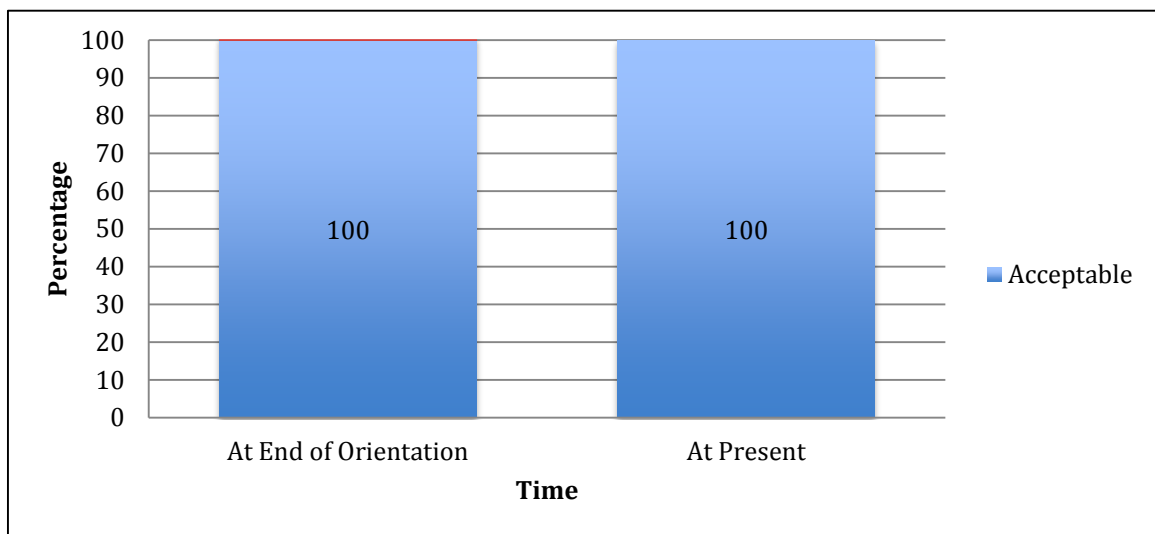


Figure 4: Percentage of interviewees who rated the overall competence of IELPNs beginning work in 2015-2016 as at an acceptable level after orientation as an entry level practitioner and at present as a one year practitioner.

Two of the three informants rated the competence of IELPNs after orientation as equal to that of a Canadian educated LPN after orientation; one informant rated the IELPNs lower (see Figure 5). All participants concluded that at present the IELPNs and the Canadian educated LPNs who started work at the same time are at an equal competence level (see Figure 5).

All participants agreed that the level of safety concerning IELPN practice in comparison to that of Canadian educated LPNs, was equal at the end of orientation and at present (Figure 5). One respondent had a single incident involving resident safety about bed rail usage, the IELPN needed to seek out specific information in the situation. There were no incidents involving nurse safety. No requests for education involving safety concerns were sent involving the IELPNs.

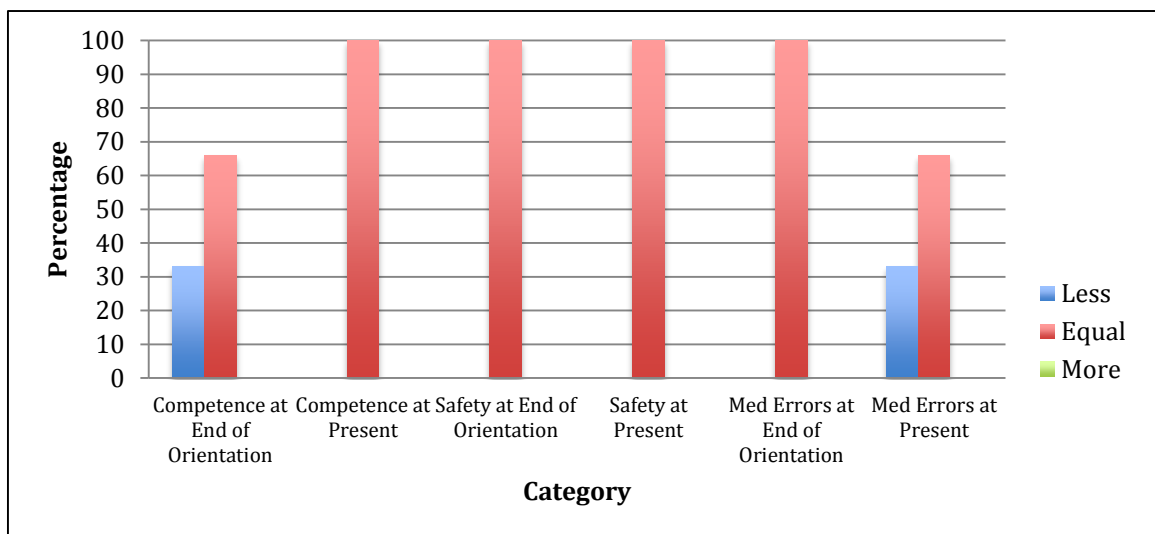


Figure 5: Percentage of interviewees who rated IELPN competence, nurse and resident safety, and rates of med errors as more, equal or less by IELPNs in comparison to Canadian educated LPNs beginning work at the same time, at the end of their orientation.

All three participants responded that after their orientation periods, Canadian educated LPNs and IELPNs had similar amounts of medication errors. Two of the participants responded seeing similar rates of medication errors between the two groups at present, whereas one informant has observed less medication errors made by IELPNs at present than Canadian educated LPNs who began work at the same time (see Figure 5). The medication errors made by IELPNs that were reported to the informants included missed medications that were scheduled at irregular times (noticed by two of the three participants), taking excessively long with the medication pass (noticed by two of the three participants), picking the wrong bottle when two bottles of the same medication were present (observed once), and not alerting the RN when a medication needed to be reassessed (noticed by one participant). One participant stated that many of the errors observed were resulting from communication issues, in that the LPN did not pass on

messages. One manager explained that after speaking with the LPNs about medication errors, they were remorseful and these errors did not happen again. According to all three participants, most of the med errors made by IELPNs were commonplace for all newly employed LPNs, and no obvious gap in knowledge or skill precipitated the errors noticed. No request for further education in medication administration for these IELPNs was sent.

Results for Objective 3: Sense of Support

A summary of the average levels of support felt by different groups within the organization, during orientation, at the end of orientation and at present, is presented in Figure 6. Highest support was experienced by fellow IELPNs where respondents rated either supportive or very supportive at all timeframes. The orientation coordinator, educator and preceptor support declined after orientation. Average organizational support also declined for the respondents. The least support through all three timeframes was that of coworkers which had a median response lying between sometimes supportive and supportive (see Figure 6).

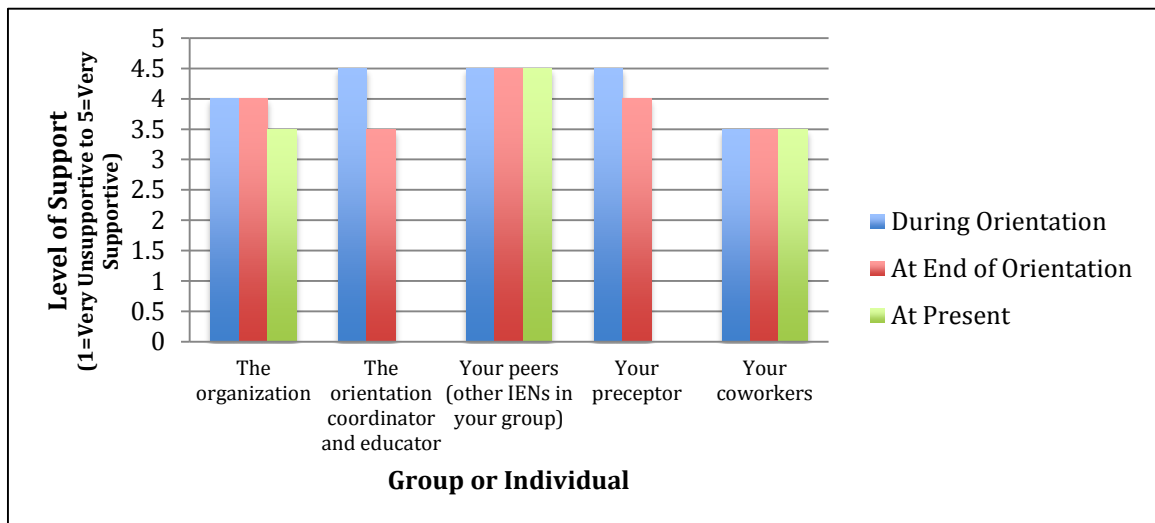


Figure 6: Self-described sense of support felt by IELPNs from different groups during orientation, at the end of orientation, and at present.

In the follow-up questions, one respondent stated that the time they felt the least supported was in the post-probation evaluation. During the interviews, one manager mentioned that during performance reviews, the IELPNs questioned any ratings that were not excellent, and the manager had to provide extra support and explanations to these LPNs during this time. This reaction was different than that of Canadian LPNs receiving similar performance review results.

One respondent stated feeling lack of support various times by coworkers, RNs, and the staffing office, particularly in the inability to have time off when requested to return home to Jamaica when family members are sick. The respondent stated they felt the organization showed a lack of understanding the needs of the IELPNs, in the lack of flexibility in scheduling.

Results for Objective 4: Job Satisfaction and Retention

The overall job satisfaction for one respondent remained as satisfied from end of orientation period to present, the other respondent rated their satisfaction from the end of the orientation period to present as satisfied to unsatisfied respectively. The median results are displayed in Figure 7.

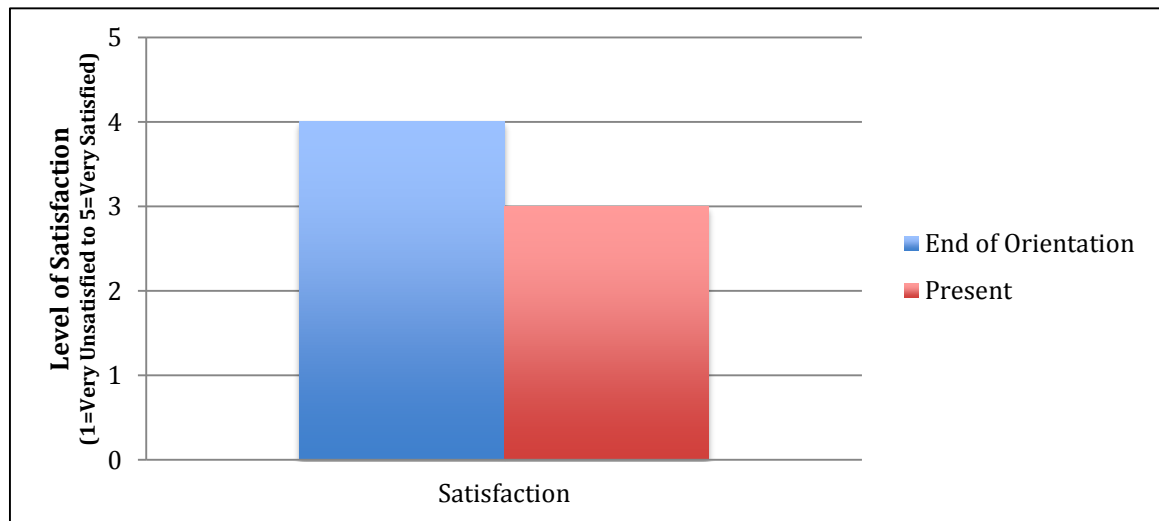


Figure 7: Self-described sense of job satisfaction felt by IELPNs at the end of orientation and at present.

Neither respondent gave suggestions as to what changes to the orientation could increase job satisfaction.

The self-described anticipated retention rates for respondents, for both Eastern Health, and the Long Term Care program specifically has not changed from time of hire to present (See Figures 8 and 9). Suggestions to increase retention rates are ability to work to full scope of LPN practice, and flexibility in scheduling and vacation time allowing for increased family time. Both respondents wish to further their education by

either becoming Registered Nurses or completing Master's level programs in business administration or health management.

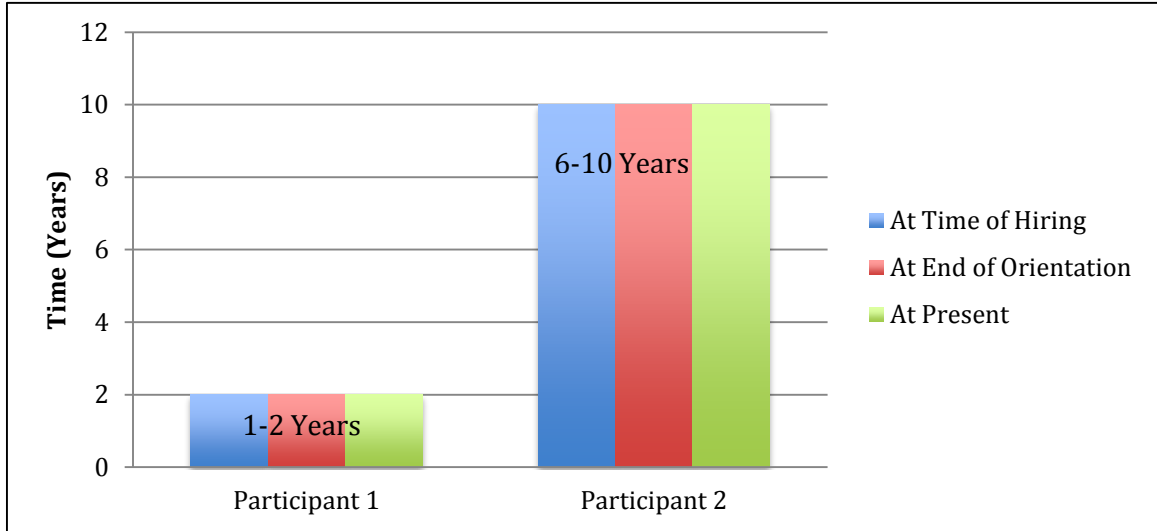


Figure 8: Self-described anticipated retention rates for IELPNs at Eastern Health long term care program.

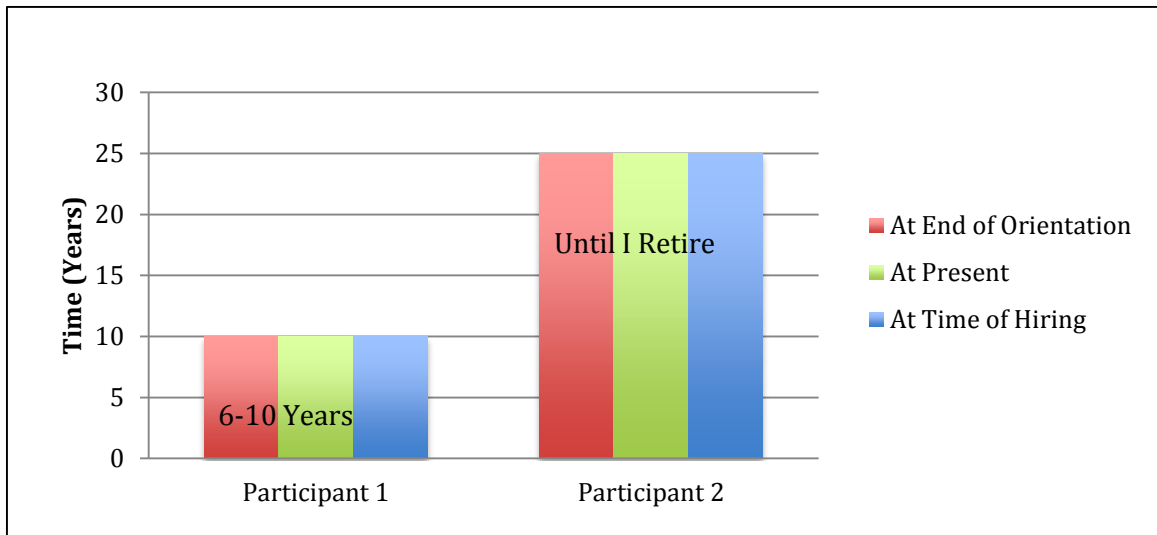


Figure 9: Self-described anticipated retention rates for IELPNs at Eastern Health.

Overall Recommendations:

All survey respondents stated that after working in LTC for more than a year, they felt that the orientation program they received adequately prepared them to begin practice as an entry-level practitioner, and agreed that there were no areas or topics missing from the orientation program. One respondent suggested that because the LPNs aren't currently working to full scope, the orientation was more than enough for her.

The interviewees identified higher level LPN competencies as useful additions to the orientation program: suctioning, trach suctioning, g-tubes and enteral feeding, catheterization. Two informants suggested more hands on time with these skills, and perhaps a way to ensure that these skills are performed on residents during preceptorship, to encourage confidence in IELPNs skill competence. Timidness in performing new skills was observed by the managers in LPNs that were educated outside of Newfoundland and those new to the Newfoundland health care system, including Canadian educated LPNs and IELPNs.

Although the participants did not mention obvious racism as an issue, the managers/educator did comment that the IELPNs seemed to take longer to be part of the unit team than other LPNs that began the same time. One manager gave reasoning that the IELPNs from Jamaica were seen as a group, rather than individuals and began practice separate, beginning with the separate orientation. Another manager noticed defensive comments from some IELPNs ensuring that they did not want to be taken advantage of, and required clarification in job roles, teamwork and workload sharing. Both managers stated that at present, the IELPNs are blended into the unit team, and

there are no obvious issues of racism or otherness. At this time, the unit staff promote diversity and teamwork allowing for quality care to be provided to the ever-changing LTC population.

Discussion

Kirkpatrick encouraged evaluation of training programs that surpass the immediacy of reactionary evaluation, and developed his model to include four levels of evaluation: Reaction, Learning, Behavior and Results (Rouse, 2011). Reaction (how the participants felt about the program) and Learning (improved ability or skills during the course of the program) (Kirkpatrick, 1996), were the focus of a previously completed pre/post test evaluation by Baresford Osborne & Wadman (2015) and not the central intention of this evaluation. The interviews and surveys completed as part of this evaluation report touched briefly on the overall Reaction and Learning level, but this project's focus was on the higher levels of Kirkpatrick's model: Behaviour (change in work behavior) and Results (overall, big-picture results) (Kirkpatrick, 1996). Kirkpatrick suggests that both the Behaviour and Results levels of training program evaluation require allowing time for change to take place, which this evaluation allowed for (as the program was implemented more than one year ago). Comparative data for change in this evaluation was collected at one point in time (May 2016), and consists of retrospective opinions.

Reaction/Learning

The LPNs felt the orientation program was adequate in preparing them to begin practice within the Eastern Health LTC program, and did not identify an educational

deficit that could have been addressed during orientation that would affect their overall practice. The managers and educators expressed as a whole that the orientation was adequate, and that the deficiencies observed or errors made by the individuals that participated in the program are not unusual for entry-level practitioners. However they did identify individual clinical skills (Suctioning, Trach Suctioning, Catheterization and Enteral Feeding), teamwork mindset, and communication among the team as suggested areas that could be addressed in the IELPN orientation that would benefit future international recruits and allow them to adjust to work life faster.

The overall competence of the IELPNs at the end of orientation was at an acceptable level, as seen by the managers and educator. In comparison to Canadian educated LPNs, one of the managers viewed the IELPNs as less competent at the end of their orientation, but at the one-year mark, the consensus among the managers and educator was that it would be difficult to notice a difference in competence. This shows a high quality of care is ensured as all staff are held to and meeting the same level of excellence.

Behaviour

In the retrospective analysis, the IELPNs and the managers saw improvements in their abilities during the first year of working. The IELPNs recognized their biggest skill and knowledge challenges upon starting as an LPN in the system were the names and classes of common medications. This is congruent with the literature base. In a study analyzing the self-perceived proficiency of nine skill areas by IENs, the IENs described medication administration as their second lowest rated proficiency (Edwards & Davis,

2006). The lack of confidence in knowing common medications could be a factor in the slow medication pass that was described by two of the managers. The IELPNs acknowledged an improvement in their comfort of performing of these skills over the year working, but an improvement in the medication administration aspect of the orientation, focusing on common medication names and classes, may allow IELPNs to feel more confident from the beginning of their practice.

Results

Current literature has described a correlation between level of peer and supervisor support and retention rates of IENs (Bae, 2011). Peer support was found to have the highest impact on job satisfaction and retention rates of IENs (Primeau, Champagne, & Lavoie-Tremblay, 2014). The highest levels of support identified in this evaluation were from the IELPN's peers, the orientation educator or coordinator and preceptor. The support from the orientation coordinator or educator and preceptor decreased at the end of the orientation period, and was not applicable at present, as this relationship dissolved within the year. A formalized workplace buddy system, or preceptor, has been highlighted in the literature as important to the workplace integration and achievement IENs (Cummins, 2009; Primeau et al., 2014; Sherman & Eggenberger, 2008). Although the relationship of the preceptor ended at the end of orientation for the IELPNs, it was beneficial to the success of the LPN, and the support was acknowledged in this evaluation.

During the interviews, the participants suggested that during preceptorship, not all of the IELPNs had the opportunity to practice or develop all of the skills they are

responsible for in their scope of practice. A lengthening of the current preceptorship would not ensure all skills are tried, but a restructuring of the preceptorship to include a scheduling and monitoring of skills would allow for tracking of the necessary skills the IELPN needs to develop during the preceptorship. Ho (2015) recognizes the importance of hands on experience, and advocates for lots of such experiential learning during the orientation period.

The support from the organization also decreased since the end of the orientation to present. This was linked to lack of flexibility in scheduling for family purposes. In a literature review, Brunero, Smith, and Bates (2008) found homesickness to be very stressful for IENs; Dawson, Stasa, Roche, Homer, and Duffield (2014) found that nurses (not IENs specifically) find lack of flexibility in shift schedules and restraints on leave usage to be stressful. Although this is acknowledged as a legitimate stress for IENs, no current literature confirms whether flexibility for visits to the home country would help or hinder the integration of the LPN into the host country health environment, and what the optimal frequency of trips home would be. This is an opportunity for future studies for international recruitment and retention. The literature shows that one way organizational support can be shown is by carrying out their program in its entirety, providing strong leadership and ensuring adequate social support, perhaps in the way of a mentorship program (Dywili, Bonner, Anderson & O'Brien, 2012; Sherman & Eggenberger, 2008; and Wolcott, Llamado and Mace, 2013).

The lowest consistent support was seen from the coworkers of the IELPNs, which was ranked as sometimes supportive to supportive. Social support is vital to the success

of IELPN integration (Wolcott et al., 2013). One suggested way to improve peer and supervisor support is the use of a formalized mentorship program (Bae, 2011; and Ohr, Jeong, Parker & McMillin, 2014). Mentorship programs are less structured than preceptorships (Primeau et al., 2014). A mentorship program would aid in the integration, allowing for the IELPN to bridge into the team easier. This relationship could assist the IELPN in navigating the new health care system and culture, ensuring a stable foundation upon which to build their practice. The mentorship may allow building of communication, provide support in all areas including homesickness, and help navigating the system for career development opportunities.

IENs who have had extensive mentorship programs have cited increased satisfaction and retention rates (Primeau et al., 2014). Xu (2010) describes that depending on the situation, integration into a host country healthcare system by a nurse can take different amounts of time, but recommends that orientation programs and supports be extended for at least one year. The results of this evaluation show that at one year the IELPNs have become undistinguishable in terms of performance from Canadian educated LPNs who began work at the same time.

Job satisfaction remained constant for one respondent, but decreased for another. The median job satisfaction decreased from satisfied to sometimes satisfied. Anticipated retention rates remain constant since hiring, but varied among the respondents. Suggestions to increase retention rates included flexibility with scheduling for family commitments, and opportunities for skill and educational advancement. Primeau et al., (2014) suggest that educational advancement and career development should be

supported, as it is the main reason for recruitment for some IENs, and is a desire for both IELPN respondents in this evaluation. If these desires are not met, decreasing satisfaction may result in the IELPN choosing to leave the organization.

From various definitions of success, the orientation program is proven functional and successful. The self described comfort levels, and supervisor described competency levels were adequate for an entry-level practitioner, and improvement has been apparent during the first year of employment. Job satisfaction was high during and at the end of the orientation program. Anticipated retention rates have remained constant at the original anticipated length of time, and all IELPNs who began in the program remain in the same program currently. This evaluation has identified areas in which an improvement in the program may increase these successes.

Recommendations:

The recommendations stemming from all levels of the Kirkpatrick Model Evaluation fall under the umbrella of support.

1. Support the immediate practice of the IELPN by bolstering the medication administration section of the orientation program to include education and time for study on the names and classes of common medications. This will help the IELPN to feel confident in medication administration from the beginning of independent practice.

2. Support the efficiency of preceptorship by developing a tracking system and ensure the IELPNs have an opportunity to try all LPN competencies during preceptorship. This will allow the IELPN to ensure they have a chance to practice new

skills with their preceptor, and prevent them from being unprepared for such tasks when they are working as an independent practitioner.

3. Encourage social and peer supports through the development of a mentorship program that lasts at least a year. Organizations can be instrumental in developing and organizing these supports, and as a result show organizational support to the IELPNs. Mentorships encourage integration and may allow for an easier transition into the role of the LPN in the LTC program.

Value Added

Prior to this evaluation, there were no evaluations of the behavior and results levels of Kirkpatrick's evaluation model of this program. This evaluation builds on the previous pre/post test evaluation and shows how changes have occurred during the first year of work. It allows for an evaluation of the orientation program by individuals who now know the scope of what the program was meant to orient them to. According to Xu (2010), "There is virtually no rigorous evaluation study of transition programs for international nurses in the current literature except Gerrish and Griffith (2004)." This report presents a study that evaluated multiple dimension of the orientation program for IELPNs.

Limitations of Evaluation

There are several limitations in this evaluation. First, a lack of baseline data provided a barrier for true evaluation of the learning and behavior aspects of Kirkpatrick's model. Rather, the evaluation was based on retrospective and current self-evaluations. This did provide sound evidence of comfort level and perceived abilities,

which allowed for accurate evaluation for the purpose of this evaluation. Secondly, the response rate for the survey was poor. Two of the nineteen surveys were returned (a response rate of 11%), but those that were returned were completed properly and completely. Several attempts were made to increase response rate, including extending the due date, and encouraging the completion through face-to-face contact. Finally, there is a limit of generalizability due to the limited scope of the evaluation, involving a specific orientation program, for a specific group of individuals, in a specific place. However, results from this program evaluation, suggest recommendations that can be used when orientation programs for other IENs are recruited into various health systems.

When performing future evaluations with this population, it may be beneficial to avail of a stakeholder partner, such as the College for LPNs who have a founded relationship with the IELPNs to facilitate the evaluation. The use of a focus group or more open-ended questions in a survey may be a gentler approach to this population as well. Finally, if data is available to support the evaluation priorities that are outside of accessing the population (incident reports, attendance records) it may reveal more representative conclusions.

Conclusion

The orientation program given to IELPNs who began work with Eastern Health's Long Term Care program was successful. It allowed the IELPNs to begin work at an adequate competency level for new practitioners, and compared to Canadian educated LPNs beginning practice at the same time, the IELPNs had no more concerning safety or medication administration errors. The evaluation of this program was considered

successful in identifying ways that the quality of the program could potentially be improved. Overall, the support provided to these IELPNs could be continued by the facility, which may help maintain job satisfaction and retention. Currently all nineteen IELPNs remain in the positions they were originally orientated in more than one year after starting.

References:

- Bae, S. (2011). Organizational socialization of international nurses in the New York metropolitan area. *International Nursing Review*, 59(1), 81-87.
doi: 10.1111/j.1466-7657.2011.00928.x
- Baresford Osborne, M., & Wadman, L. (2015). *Clinical orientation report: Internationally educated licensed practical nurses (Jamaica)*. Unpublished manuscript, Eastern Health, St. John's, NL, Canada
- Brunero, S., Smith, J., & Bates, E. (2008). Expectations and experiences of recently recruited overseas qualified nurses in Australia. *Contemporary Nurse*, 28, 101-110. Retrieved from: www.tandfonline.com
- Cummins, T. (2009). Migrant nurses' perceptions and attitudes of integration into the perioperative setting. *Journal of Advanced Nursing*, 65(8), 1611-1616.
doi: 10.1111/j.1365-2648.2009.05034.x
- Dawson, A., Stasa, H., Roche, M., Homer, C., & Duffield, C. (2014). Nursing churn and turnover in Australian hospitals: Nurses perceptions and suggestions for supportive strategies. *BMC Nursing*, 13(11), 1-10. doi: 10.1186/1472-6955-13-11
- Dywili, S., Bonner, A., Anderson, J., & O'Brien, L. (2012). Experience of overseas-trained health professionals in rural and remote areas of destination countries: A literature review. *The Australian Journal of Rural Health*, 20, 175-184. doi: 10.1111/j.1440-5584.2012.01281.x

- Edwards, P., & Davis, C. (2006). Internationally educated nurses' perceptions of their clinical competence. *Journal of Continuing Education in Nursing*, 37(6), 265-269. Available at www.haelio.com/nursing/journals/jcen
- Ho, Y. (2015). Investigating internationally educated Taiwanese nurses' training and communication experiences in the United States. *Journal of Continuing Education in Nursing*, 46(5), 218-227. doi: 10.3928/00220124-20150420-02
- Kirkpatrick, D. (1996). Great ideas revisited: Techniques for evaluating training programs. Revisiting Kirkpatrick's four-level model. *Training & Development*, 50(1), 54-59. Available at <http://www.astd.org/TD/>
- Moyce, S., Lash, R., & Siantz, M. (2015). Migration experiences of foreign educated nurses: A systematic review of the literature. *Journal of Transcultural Nursing*, 1-8. doi: 10.1177/1043659615569538
- Ohr, S., Jeong, S., Parker, V., & McMillin, M. (2014). Organizational support in the recruitment and transition of overseas-qualified nurse: Lessons learnt from a study tour. *Nursing and Health Sciences*, 16, 255-261. doi: 10.1111/nhs.12085
- Primeau, M., Champagne, F., & Lavoie-Tremblay, M. (2014). Foreign-trained nurses' experiences and socioprofessional integration best practices: An integrative literature review. *The Health Care Manager*, 33(3), 245-253. doi:10.1097/HCM.0000000000000018
- Rouse, D. (2011). Employing Kirkpatrick's evaluation framework to determine the effectiveness of health information management programs and courses.

Perspectives on Health Information Management, 8, 1-5. Available at
<http://perspectives.ahima.org>

Sherman, R., & Eggenberger, T. (2008). Transitioning internationally recruited nurses into clinical settings. *The Journal of Continuing Education*, 39(12), 535-544.
doi:10.3928/00220124-20081201-03

Wolcott, K., Llamado, S., & Mace, D. (2013). Integration of internationally educated nurses into the U.S. Workforce. *Journal for Nurses in Professional Development*, 29(5), 263-268. doi: 10.1097/01.NND.0000433145.43933.98

Xu, Y. (2010). Transitioning international nurses: An outlined evidence-based program for acute care settings. *Policy, Politics, & Nursing Practice*, 11(3), 202-213. doi: 10.1177/1527154410384879

Appendix A: IELPN Survey

To Internationally Educated LPNs from Jamaica,

I am conducting an evaluation of the orientation program that you were given upon beginning work with Eastern Health at St. John's LTC. This evaluation is for quality improvement purposes, and your participation will help to ensure the best orientation program is given to Internationally Educated Nurses in the future. **Participation in this evaluation is voluntary, and surveys are confidential. Completion of survey will imply consent to participation.**

This 23 question survey should take less than one hour to complete, and the feedback you provide will be very valuable to the evaluation of this program.

This survey is in five sections. The first section asks you to evaluate your comfort level pertaining to different areas of the LPN scope of practice under the headings Health Assessment, Medication Administration and Safety. The second four sections will ask you to evaluate the level Support you received, your overall Satisfaction, expected Retention and give you a chance to include your Final thoughts.

When completed, please return survey to Heidi Ball via the contact information given below.

Thank you for your participation. If you have any question or concerns about this questionnaire, please contact me.

Heidi Ball
Phone: 752-8998
Email: Heidi.ball@easternhealth.ca
Office: 3NE, St. John's LTC

Demographics

Please answer the following demographical questions appropriately

1. Gender (circle one): Male Female
 2. Age (circle one): 18-24 25-34 35-49 50 and above
 3. Country of Birth: _____
 4. Country in which you completed your LPN program: _____
 5. Year finished LPN program: _____
 6. Length of time working as an LPN prior to hiring by Eastern health: _____
 7. Length of time working as an LPN at St. John's LTC (months): _____
-

Section I (A-C): Evaluating Comfort Level

Please use the following scale to answer questions 1-2, 4-5, and 7-8.

Terms of Reference:

Please use the following scale to answer Sections I-III:

- 1 – Very Uncomfortable = Ability or Knowledge level absent
- 2 – Uncomfortable = Ability or Knowledge level not adequate
- 3 – Comfortable sometimes = Ability or knowledge level adequate some of the time.
- 4 – Comfortable = Ability or Knowledge level at that of a Junior LPN (Beginner)
- 5 – Very Comfortable = Ability or Knowledge level at that of a Senior LPN (Expert)

Section IA: Health Assessment

Please answer questions 1 – 2 using the scale provided on page 2. Please answer question 3 in the space provided below.

	1 Very Uncomfortable	2 Uncomfortable	3 Sometimes Comfortable	4 Comfortable	5 Very Comfortable
1. At the end of the Orientation Period, how would you rate your:					
a. Knowledge of normal health assessment measures					
b. Ability to observe changes in resident's health status					
c. Knowledge of when to ask for help with health status changes					
d. Knowledge of who to ask for help with health status changes					
e. Use of Health assessment equipment					
2. At present, how would you rate your:					
a. Knowledge of normal health assessment measures					
b. Ability to observe changes in resident's health status					
c. Knowledge of when to ask for help with health status changes					
d. Knowledge of who to ask for help with health status changes					
e. Use of Health assessment equipment					

3. Is there one particular part of health assessment with which further education during orientation would have been beneficial to your practice? If so, what is it?

Section IB: Medication Administration

Please answer questions 4 – 5 using the scale provided on page 2. Please answer question 6 in the space provided below.

	1 Very Uncomfortable	2 Uncomfortable	3 Sometimes Comfortable	4 Comfortable	5 Very Comfortable
4. At the end of the Orientation Period, how would you rate your:					
a. Knowledge of names and classes of commonly used medications					
b. Documentation of medication administration					
c. Ability to administer medications in proper routes					
d. Knowledge of when a second independent check is required of medication administration, according to policy					
5. At present, how would you rate your:					
a. Knowledge of names and classes of commonly used medications					
b. Documentation of medication administration					
c. Ability to administer medications in proper routes					
d. Knowledge of when a second independent check is required of medication administration, according to policy					

6. Is there one particular part of medication administration with which further education during orientation would have been beneficial to your practice? If so, what is it?

Section IC: Safety

Please answer questions 7 – 8 using the scale provided on page 2. Please answer question 9 in the space provided below.

	1 Very Uncomfortable	2 Uncomfortable	3 Sometimes Comfortable	4 Comfortable	5 Very Comfortable
7. At the end of the Orientation Period, how would you rate your:					
a. Use of proper hand hygiene techniques					
b. Ability to ensure safety of resident in resident handling (turning, transfers, etc.)					
c. Ability to ensure safety of self in resident handling					
d. Use of Personal protective equipment (gloves, gowns, masks) in proper manner					
8. At present, how would you rate your:					
a. Use of proper hand hygiene techniques					
b. Ability to ensure safety of resident in resident handling (turning, transfers, etc.)					
c. Ability to ensure safety of self in resident handling					
d. Use of Personal protective equipment (gloves, gowns, masks) in proper manner					

9. Is there one particular part of patient or nurse safety with which further education during orientation would have been beneficial to your practice? If so, what is it?

Section II: Support

Please answer questions 10 – 12 using the scale provided above. Please answer question 9 in the space provided below.

Terms of Reference:

Please use the following scale to answer Section IV:

- 1 – Very Unsupportive = Support was absent, discouragement was felt
- 2 – Unsupportive = Support was absent
- 3 – Sometimes Supportive = Support was felt some of the time
- 4 – Supportive = Support felt was adequate
- 5 – Very Supportive = Support felt exceeded expected level

	1 Very Unsupportive	2 Unsupportive	3 Sometimes Supportive	4 Supportive	5 Very Supportive
10. During the Orientation Period, how would you rate the level of support from:					
a. The organization					
b. The orientation coordinator and educator					
c. Your peers (other IENs in your group)					
d. Your preceptor					
e. Your coworkers					
11. At the end of the Orientation Period, how would you rate the level of support from:					
a. The organization					
b. The orientation coordinator and educator					
c. Your peers (other IENs in your group)					
d. Your preceptor					
e. Your coworkers					
12. At present, how would you rate the level of support from:					
a. The organization					
b. The orientation coordinator and educator					
c. Your peers (other IENs in your group)					
d. Your preceptor					
e. Your coworkers					

13. Is there an area either during your orientation period, or your first year of work at St. John's LTC that you felt a lack of support either personally or professionally? If so, from what level of the organization did it fall (please do not include names)? How did it affect you?

Section III: Satisfaction

Please answer questions 14 using the scale provided below. Please answer question 15 in the space provided below.

Terms of Reference:

Please use the following scale to answer Section V:

- 1 – Very Unsatisfied = Satisfaction absent, very unsatisfied with job
- 2 – Unsatisfied = Satisfaction did not meet expected level
- 3 – Sometimes Satisfied = Satisfied with job some of the time
- 4 – Satisfied = Satisfaction met expected level
- 5 – Very Satisfied = Satisfaction exceeded expected level

	1 Very Unsatisfied	2 Unsatisfied	3 Sometimes Satisfied	4 Satisfied	5 Very Satisfied
14. Please rate your overall Job Satisfaction:					
a. At the End of the Orientation period					
b. At Present					

15. Is there something that the orientation could have provided to increase your job satisfaction? If so, what is it?

Section IV: Retention

Please answer questions 16-18 using the time lengths provided in the table. Please answer question 19-21 in the space provided below.

	Less than 1 year	1-2 years	3-5 years	6-10 years	Until I retire!
16. When you were Hired for this position, how long did you intend to stay at:					
a. St. John's LTC					
b. Eastern Health					
17. At the end of the Orientation program, how long did you intend to stay at:					
a. St. John's LTC					
b. Eastern Health					
18. Currently, how long do you intend to stay at:					
a. St. John's LTC					
b. Eastern Health					

19. What would increase your intent to stay with Eastern Health?

20. What would increase your intent to stay At St. John's LTC?

21. If you were to leave, where would you anticipate going (different province/country, different position in health care, leave the health care industry, etc.)?

Section V: Final Thoughts

Please answer questions 22-23 in the space provided below.

22. After working for approximately a year (or more) at St. John's LTC, do you feel the orientation program you received was adequate to allow you to begin your practice as an entry-level practitioner?

23. Is there a particular area/topic that was missing from the program? If so, what is it?

Appendix B: Management/Educator interview guide questions:

To Managers/Educators working with Internationally Educated LPNs from Jamaica,

I am conducting an evaluation of the orientation program that the IELPNs were given upon beginning work with Eastern Health at St. John's LTC. This evaluation is for quality improvement purposes, and your participation will help to ensure the best orientation program is given to Internationally Educated Nurses in the future.

Participation in this evaluation is voluntary, and interviews are confidential.

Completion of this interview will imply consent to participation. Interviews will be audio recorded for data collection purposes.

The interview will consist of four sections: competence, safety, medication administration and other. **This 8 question survey should take less than 30 minutes to complete**, and the feedback you provide will be very valuable to the future of this program.

Thank you for your participation. If you have any question or concerns about this evaluation, please contact me at any time.

Heidi Ball

Phone: 752-8998

Email: Heidi.ball@easternhealth.ca

Office: 3NE St. John's LTC

Section I: Competence

1. Was/is the overall competence of the IELPNs beginning work in 2015-2016 at an acceptable entry level a) after completing the orientation? b) at present (one year post orientation)?
2. Was/is the overall competence of the IELPNs at a higher or lower level than new Canadian educated LPNs beginning work at the same time a) after completing the orientation? b) at present?

Section II: Safety

3. Were there any problems with resident safety, being cared for by the IELPN?
4. Were there any problems with nurse safety with the IELPNs?
5. Was the level of resident and nurse safety at a higher, equal or lower level than new Canadian educated LPNs beginning work at the same time? a) after completing the orientation? b) at present?

Section III: Medication Administration

6. Were there any problems with medication administration, shown by the IELPNs. If so, to what capacity (route, dosage, name of drug, communication)?
7. Have you observed more, equal, or less medication administration errors by the IELPNs, in comparison to new Canadian educated LPNs beginning work at the same time a) after completing the orientation? b) at present?

Section IV: Other

8. Have you observed an educational or skill based gap, perhaps something that was not covered well enough in the orientation program?

Appendix F: Executive Summary of Evaluation

Evaluating the Orientation of Internationally Educated Licensed Practical Nurses from
Jamaica Working in a Long Term Care Program in St. John's, NL

Executive Summary

Heidi Ball

Memorial University School of Nursing

As part of a recruitment plan to help with a shortage of Licensed Practical Nurses (LPNs) in the Long Term Care (LTC) program in 2014/2015, the health authority recruited nineteen LPNs who were previously educated through Eastern Health's Center for Nursing Studies at a satellite location in Jamaica. These internationally educated licensed practical nurses (IELPNs) began orientation in January or February of 2015. A partnership between the health authority, the college of LPNs, the Center for Nursing Studies and the Gov. of NL was formed to plan and deliver an orientation program

The orientation program was designed in anticipation of the needs of the IELPNs, and to fulfill the LPN licensing requirements. The 400-hour program contained three parts: pre-orientation supports, clinical orientation and a preceptorship. IELPNs were given initial introductions to the community and workplace, provided with classroom educational sessions, computer based modules, simulation lab experiences, job shadow days, and they began practice with the support of an assigned preceptor.

Goal

To perform a quality improvement evaluation of the orientation program for internationally educated licensed practical nurses from Jamaica who were newly employed in St. John's, NL and began orientation in January or February of 2015.

Methods

Two concurrent methodologies were used, a pen and paper survey of IELPNs, and a face to face semi-structured interview of managers and educators. The evaluation criteria used to create survey and interview guide were developed as result of consultation interviews with key stakeholders of the program.

Results

Response rate for IELPN survey was low at 11% completed responses. Three interviews with Managers/Educators were completed to form the database.

The IELPNs responded that the orientation program was thorough and allowed them to began practice adequately prepared as new practitioners and are adequately prepared to work as a one-year practitioner at present. The managers/educator stated that the IELPNs were competent entry-level practitioners at the end of the orientation period, and competent one-year practitioners at present.

The IELPNs identified the biggest knowledge challenge was with the names and classes of common medications. Managers/educator identified that not all of the IELPNs had a chance to practice all skills during the preceptorship and doing so may help to gain confidence in beginning practice. The IELPNs and the managers/educator all reported a growth in competency in the first year of working.

Highest levels of support were felt from the IELPN peers. High levels of support were also observed from the orientation facilitator and preceptor during and at the end of the orientation program, however, this relationship dissolved at the end of the orientation program. Lowest support was felt from coworkers. Organizational support decreased since the end of the orientation.

Job satisfaction remained high at the end of the orientation period, but decreased at present. Anticipated retention rates remain unchanged.

Recommendations for Orientation Program Quality Improvement

1. Reconfigure the medication administration section of the orientation program to include education and time for study on the names and classes of common medications.
2. Create and monitor a tracking system of skills performed during preceptorship, and ensure LPNs have opportunities to develop these competencies during preceptorship.
3. Develop a mentorship program for the duration of one year for all IELPNs.

Recommendations for Future Evaluations

1. Partner with the College of LPNs NL for facilitation of the evaluation tool, as they have a trusted relationship and may dispel apprehension of survey answers affecting employment status.
2. Use a less formal methodology such as a focus group, wherein the IELPNs can have the support of each other during the evaluation.
3. Use external data sources (i.e. incident reports, attendance records) if appropriate.

Conclusion

The IELPN orientation program was successful. The IELPNs were adequately prepared to work at the end of the orientation program. Improvements to the quality of the program may allow for a more effective and efficient orientation program for future international nursing recruits.

Reference

Kirkpatrick, D. (1996). Great ideas revisited: Techniques for evaluating training programs. Revisiting Kirkpatrick's four-level model. *Training & Development*, 50(1), 54-59. Available at <http://www.astd.org/TD/>