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Working through a Virtual Reality: Empowering Experienced Nurses through Hybrid Orientation Programs

by

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A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2021

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12/1/2021	12/1/2021
Date	Date

Abstract

The year 2020 was not the year of the nurse that many expected. Frontline teammates were put at risk for so much more than just the usually fast-paced clinical and ethical decisions of their time. In a matter of months, the same professionals that were noted for being hard-working, diligent individuals were now fatigued, burned out, and working under some stressed and unrealistic constraints. The staffing needs in several acute care facilities changed drastically as the global crisis now known as COVID-19 continued to spread. Nationwide redeployment models were initiated, pulling many nurses into new unchartered territory. Among the stress and strain of converting a patient facing a dominant world into one that integrates technology became the focus, leaving many areas of burden for outpatient facilities and nurse leaders. This experience of deficiency highlighted an oversight of facility-specific and unit-specific orientation programs for nurses on temporary assignment. The reality of the healthcare profession switching to this new virtual world of fluctuating costs, nursing shortages, and unsafe conditions happened quickly. While technology has boosted some professions into the future, it continues to provide some deficits with coordinating quality patient care. The purpose of this project was to develop an appropriate universal orientation model to educate experienced float nurses to several ambulatory oncology sites in the Southern Region of a healthcare organization in the Southeastern United States. The implications of this project are to increase patient and teammate safety, teammate morale, and increased autonomy of experienced float nurses.

Keywords: orientation, onboarding, float nurse, oncology education

Acknowledgments

Giving all honor to my Lord and Savior, Jesus Christ… without Him, none of this would be possible. It has been a rather long journey, but none the less the opportunity to complete a vision you embedded in my heart so long ago has produced its fruit. Glory be to God for those that you have allowed me to cross paths with.

To my husband, for your love and support through all of my post RN licensure education. You never let me give up because you knew it was my dream to keep reaching for the stars. I love you dearly, and as we sign off on this chapter, I am sure that we have more chapters to write together. To my family that made education a priority, and never allowed me to submit less than my best. To the ones who thought that they were looking up to me, but I was looking up to them during this whole process. And to the ones that provided an opportunity for me, because there was not an opportunity for them. Things were tough through this journey, but your constant encouragement, love, and many blessings upon saying this too shall pass helped pave the way.

Thank you to Dr. Anna Hamrick and the conversation where you instructed me to hold fast to opportunity and to "Go and Be Bold". That was very significant advice needed to keep pushing during a tough semester. I appreciate the support and the conversations that we shared more than you know. There is so much gratitude to extend to Dr. Candice Rome as well. You have been a kind and gentle spirit nothing short of supportive to me from our first meeting and throughout some strenuous times. You never let me give up, and you kept faith when I was weary. Thank you is surely not enough, and your dedication to your profession and your students shines immensely.

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CHAPTER I

Introduction

The year was 2020, the time was unknown. It was supposed to be the beginning of a new way of life for many, and it quickly took a run without warning. Nurses encountered several experiences of suffering and death among patients, due to a highly contagious viral infection referred to as the Coronavirus. With the Coronavirus hitting headlines daily, it was the topic of conversation, but there was still a lot of learning to do. It was later named COVID-19; and the first case was documented in December 2019 in Wuhan, China (Ness et al., 2021).

The year 2020 was once defined as the year of vision, focus, and clarity for many individuals, and the healthcare profession was preparing for it to be the Year of the Nurse. Instead, the focus shifted to managing fear, social isolation, and the anxiety of the unknown etiology of something that originated on a different continent but was quickly spreading throughout the world. The World Health Organization (WHO) officially deemed the COVID-19 surge a pandemic in March 2020. This official declaration of a pandemic led to lockdowns, and travel bans as there was a significant uptick in the number of new cases worldwide (WHO, 2020). This newly claimed pandemic forced many people to see life through a new lens, without clarity. Vulnerabilities were present and consistency was merely a thing of the past. This pandemic presented a vast need to be creative when in crisis.

Unfortunately, the crisis wasn’t unknown to the healthcare industry. One of the most known obstacles impacting the health care industry was the active nursing shortage. Nursing shortages have been an area of concern for years and while it was very much

more evident during these hard times that nursing staff was needed, there were very few sources to pull from. This shortage was under additional stress and scrutiny throughout the pandemic as the rapid influx of cases called for a rapid use of supplies, leading to greater shortages. Working on the front lines with little to no protective equipment has made it difficult for many nurses to remain fighting in their roles as a nurse (Hossain et al., 2021). Highly experienced nurses were caught off guard as many had to adapt in a critical way and learn to care for COVID-19 patients under such inconsistent conditions. These overwhelming conditions lead to experienced nurses exchanging clinical practice for retirement.

Yet the bicentennial year was unique; it forced change. It provided a fast-track insight into the reality of unorganized and unsafe healthcare efforts. This made it difficult for nurse leaders to communicate new initiatives, without confusion as things were changing frequently. Nurses were also faced with ethical dilemmas daily making them choose between family obligations and their duty to their patients (Hossain et al., 2021). COVID-19 guided the healthcare industry into developing opportunity from deficiency and vividly presented the view of poor planning and poor preparation. Healthcare leaders were left actively advocating for better resources for their team driven by ways to implement safety for all. Many leaders can attest to experiences of challenging times during their careers and how resourceful it has made them. As nursing leaders want to light the way for opportunities to empower their team, they must network in ways never thought possible, and be innovative in supporting balance of self-care, autonomy, and accountability.

During these times, the sacrifices made in many professions are still presenting to the forefront. For the nursing profession, one aspect that should not be sacrificed is nursing education. Nursing education is vital to the success of their performance and their growth. Newly hired nurses need education to have a smooth transition to their new work environment. Whether the nurse is new to the unit or the facility, an orientation session is essential to this transition. Nursing orientations in the past have been subjected to their share of positive and negative feedback, indicating it may be time to develop an orientation method that promotes autonomy with the experienced nurse population.

With the growing need of technological advances on the rise, this could be an extreme win for the future development of nursing orientations. Several of these advances have been transitioned into many professions due to COVID-19 obstacles. Healthcare systems experimenting with telemedicine are expected to gain several advantages including but not limited to reduction in supplies, protecting the staff from exposure and burnout. (Doshi et al., 2020). With the overwhelming success of virtual consultations and telemedicine, the resources to bridge the gap between technology and clinical facility education sits before us untouched and undeveloped.

Problem Statement

Acute nurse staffing needs changed drastically in the sight of this global crisis. Exposed health care workers had to experience quarantine for days, some weeks and many of the staffing challenges were affected by school closures and other childcare barriers (Brown et al., 2021). These challenges, combined with additional factors, resulted in a nationwide redeployment model. Due to the need for quick teammate turnover to assist with patient care, newly hired, experienced nurses are at risk for a lack

of educational and facility orientation. As a result, experienced nurses received an abbreviated orientation to permit faster placement on units to provide patient care. The stress faced by facilities and nurse leaders for a rapid increase in nurses and the surge in COVID-19 patients lead to an oversight of orientation programs. These factors can create extensive burdens for both the teammates and the unit leaders.

Significance

There is a significant uptick in the conversations regarding the emergency response during the pandemic; this will be the case for many years to come. Although the conversations will sound the same, many people will expect change without being an advocate and they will expect a return without an investment. During the time of this pandemic, hospital turnover increased by 1.7% and national turnover rates currently stand at 19.5% (Nursing Solutions Inc (NSI), 2021). The lack of preparation, the lack of emergency response, and the need for more frontline staff witnessed during this pandemic should be a charge to be accountable and reshape the structure of our resources. A lack of preparation leads to conflict. When conflict occurs, it affects the entire dynamic of the nursing unit and ultimately the patient experience.

New employees were witnessed during the pandemic being expected to work without an adequate orientation, which is of great concern. Nursing orientations are essential to successful transitions, and it could also affect the nurse retention rates in several ways. Cost-efficient, high-quality nursing orientations call for constant review in the structure and organization. Key competencies are communicated during this time, and if there is something that a teammate is severely lacking, the orientation period should be the time to meet those needs. Confidence and knowledge are highly appreciated when

onboarding experienced nurses. However, processes can be frequently missed as facility-specific nuances exist within many healthcare systems. Preceptors, the preceptee, and nurse leaders all become stakeholders in this scenario. Could the support of all of those involved benefit from initiatives to help empower experienced nurses through orientation? The promotion of a hybrid facility-specific orientation program could support the investment of all parties and enhance patient outcomes. An attempt to make a change in the orientation process will be viewed as bold and innovative.

General orientation programs can last anywhere from 8-10 weeks; with nurses spending large amounts of time trying to navigate the facility. It would not be conducive to the recruitment process for the experienced nurse to allot 8-10 weeks for training. Most hospital systems support experienced nurses with a few days of on the unit training with a preceptor. Naturally with each preceptor having a different experience and a different background, there is not a consistent way to assess all the information that gets passed on in training. The development and inclusion of a hybrid orientation program will ensure certain material and educational topics are always provided to nurses. Preceptors would have access to the training but not the ability to redesign or change the virtual orientation section. Input from nursing leadership would be essential in the development to ensure that all needs are addressed within this orientation program. An annual review of the information would be suggested to remain compliant, applicable, and accurate.

Purpose

The purpose of this MSN project was to develop a hybrid nursing orientation program that is facility-specific and unit-specific. The orientation will provide an entryway into information that is critical for when the nurse reports for onsite training.

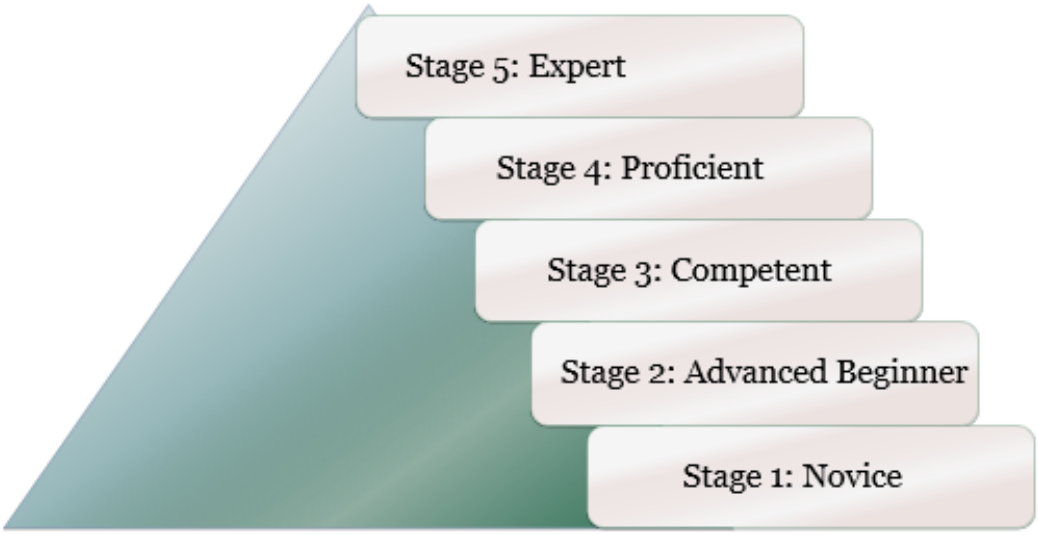
The program will be designed to benefit several ambulatory oncology units in several ways, as this is one unit that experiences the most support through short-term contracted nurses. This orientation is designed for the experienced nurse who typically receives an abbreviated orientation upon arrival to work at the facility. Content identified as essential needs will be components in this orientation. Basic needs, highlighting topics related to parking, badge access, and how to navigate the facility can be addressed prior to the nurse arriving onsite to begin their orientation.

Theoretical/Conceptual Framework

Dr. Patricia Benner's work guides this project as it illustrates the significance of competency, skill acquisition, and the nurse's ability to advance along the experience spectrum. Good nursing practice requires nurses to use clinical judgement that is supportive by scientific evidence as well as technology (Benner, 1984). Competence is critical to the personal and professional growth of the nurse. Nursing practice is about working within the right professional discipline and obtaining the right knowledge and experience to be able to do so. The knowledge and discipline of the nurse's practice becomes experienced in levels as they become more acclimated to their role and their advanced skills. Benner's theory is strongly supported by a combination of educational and personal experiences to enhance the nurse's clinical decision-making skills (Ozdemir, 2019). Decision-making skills take time to develop and can be obtained within 1 year of hitting the floor up to many years of transition. The years are structured in Benner's model through five categories of transition. The five categories are titled: Novice, advanced beginner, competent, proficient, and expert (Benner, 1984). (Figure 1).

Figure 1

Conceptual Framework-Dr. Patricia Benner's Developmental Stages



Note. This figure demonstrates the developmental progression of professional growth. Dr. Patricia Benner's Novice to Expert theory promotes the significance of competency and skill acquisition through experience.

Novice nurses are new to the environment, they are without experience (Benner, 1984). Everyone begins at this level and transitions as time is spent in the current role and clinical setting. Guidance is needed at this level to help shape the nurse's craft. The average turnover rate for the novice nurse is steadily on the rise. Adequate support during this stage is important, as 18% of new nurses are projected to change jobs within the first year after graduation (Lockhart, 2020).

The advanced beginner stage embodies a nurse with some prior experience (Benner, 1984). These nurses may have experience in some areas; however, they may

still rely on coaching or support from others. Competent nurses develop after 2-3 years of experience in the profession (Benner, 1984). Proficient nurses can review, evaluate, and see the full picture when involved in patient care (Benner, 1984). This role is unique as the nurse can recognize the original outcome making it easy to notice any deviates based on the standard of care. Problems can be identified and solutions to address any issues are developed and executed as well. The expert nurse has the most experience in the field. Their ability to recognize a problem is essential as they usually follow gut instinct when something is wrong (Benner, 1984).

Depending on the organization and their guidelines, temporary travel nurses are being allowed to enter the resource pool with minimal experience. Based on experience, the nurse could be newly advancing from the novice stage; this will be something to follow as the healthcare demands change over time. In theory, utilizing Benner's framework supports the concept of a structured orientation platform. A formalized orientation structure can be an essential component to contribute to an advanced beginner or competent nurse feeling unsupported and overwhelmed regardless of the amount of their experience.

Summary

With the original intent of 2020 being called upon to reflect the skill once envisioned by Florence Nightingale, it also ignited a passion of fear in many and made a well-known statement that the need for nurses will always remain. The spread of the contagious disease, COVID-19, introduced new ways to support patient care. The year 2020 will forever mark the year of dramatic setbacks in personal and professional lives, and the standard of health care will be under constant evaluation moving forward. Health

care delivery will no longer be the same. The impact of COVID-19 has had a wide impact on the quality-of-care nurses provide, the patient's quality of life, and the work-life balance of healthcare workers. With several efforts of technology and telemedicine becoming more successful, there is not any reason why a functioning hybrid orientation model for experienced nurses cannot be used as a productive resource to support nurse onboarding within an observation unit. Without a proper orientation, the nurse is subject to possess no ownership to acclimate to this new environment, and perhaps it is just another assignment to them and ultimately affected nurse retention rates.

CHAPTER II

Literature Review

The reality of staffing shortages is that it has impacted the fluctuating cost of supply and demand of quality patient care. Nurse vacancies have been at the forefront of the jagged reality of these shortages for years. However, recently the COVID-19 crisis prioritized this alarming and unsafe issue. Experienced nurses took too many opportunities to cross-train and cover areas that endured major coverage gaps. Float team nurses have served as key staffing resources to cover gaps in this, and other critical times of need. Although experienced and clinically skilled to step into various areas of need, float team nurses must also be adequately trained to the surroundings and site-specific protocols. Without such intricate details, these experienced float nurses may find themselves in a highly stressed environment. How can such a hardship be used to make things better for experienced float team nurses and their onboarding experience?

Float nurses should obtain an orientation period dedicated to fundamentals needed to deliver safe, competent patient care (Walden et al., 2020) and be prepared as though they are one of the teammates (Faller et al., 2012). As an experienced nurse, there is no recommendation on the length of time for an orientation period; however, a high-quality nurse orientation must be a priority. It should provide clear, consistent expectations and designed with measurable competencies (Nelson & Zimmerman, 2021). It should also support a universal but autonomous learning experience for each nurse. The purpose of this MSN Project was to investigate characteristics of a quality nurse orientation program and develop a virtual facility-specific orientation guide to enhance the experience of

competent float nurses. This guide will aid in any working assignments accepted away from their primary work environment.

A literature review was conducted to determine the best practice for establishing a virtual orientation program for the experienced nurse. The following search engines were utilized: CINAHL, OVID Collection of Journals, EBSCOhost, and ProQuest Central. Additional support and assistance were provided by an AHEC Librarian. Vocabulary terms explored during this search included: orientation, onboarding, travel nurse, float nurse, self-guided learning, virtual learning, online, gamification, and clinical education. Date ranges for the searches consisted of peer-reviewed articles and scholarly journals within the past ten years ranging from 2011 - 2021.

Research results were premature related to virtual nursing orientations. Although the COVID-19 crisis proposed an uptick in virtual learning, most of that data is not yet published. Little information is known as it relates to the nursing discipline adopting new technology protocols to enhance virtual learning opportunities. Many of the current virtual learning methodologies often offer some version of a hybrid learning module with lectures and videos combined with simulations (Dale-Tam & Thompson, 2021). Although, innovative aspects of technology are on the rise, gamification strategies may need greater exploration to produce a more contemporary means of meeting orientation goals and objectives.

Several nursing resources encouraged the use of clinical pathways as a valuable guideline to help standardize orientation programs as well as provide consistency to the preceptor working with the new graduate orientees (Allen, 2011). The limited peer reviewed resources that were found did not focus on virtual nursing orientations for the

experienced nurse; the general focus was upon new graduate nurses or nursing students. In this process the decision to exclude new graduate nurses or student nurses was ideal, but the data surrounding these studies still provided insight into quality needs for designing an orientation program that supported autonomy, self-motivation, and increased knowledge retention. Additional research concluded that the data involved with gamification strategies support the characteristics above and serve as a steady foundation for the development of a virtual learning assessment.

Review of the Literature

Orientation Culture and Onboarding

Nursing orientation programs offer the opportunity to become familiar with an organization's mission, vision, and work culture. Expectations are made clear during orientation and ultimately set the tone for the nurse to obtain some responsibility and accountability for the assignment that they agreed to take on. A common downfall for nursing orientation programs is that the orientee often completes the program without an adequate sense of time management and feeling overwhelmed (Beamer et al., 2019). Orientation programs that begin in a classroom setting or at a training center offsite with traditional lecture-based foundations do not provide as much autonomy or active engagement. It is essential for the training to be completed on the unit that the float team nurse will be working during their assignment. This is one way that will keep the nurse engaged while conquering their objectives.

Orientation culture can be comprised of several learning methods. Most methodologies have been designed to contain some form of one-on-one interaction with a teammate who is currently in that role, often called a preceptor. A quality preceptor is

ideal to negate some of the stress from a nurse's new responsibility as they can help them navigate different obstacles (Darcy, 2020). The knowledge and skill of the preceptor is essential to the foundation of a proper orientation as they are an essential component to the culture of the unit.

Exploration of the float nurse's perspective provides helpful insight in how to meet their needs. It seems that experienced float nurses are not hindered by the lack of orientation time provided, they are more hindered by the lack of content received during this time (Faller et al., 2012). Orientations can be rather broad in scope and rarely focus on facility-specific details. The facility-specific details can weigh heavily as a deal-breaker for some nurses to determine if they feel confident with their orientation. The perception of a proper orientation or a lack of can ultimately affect retention, as some nurses are offered assignments based upon contract agreement.

A routine review for updated orientation programs is in constant need. This need presents a charge to the organization's accountability to provide quality education for the nurse to remain competent in their role. As the rapid changes in healthcare present, education must change rapidly as well. Efforts to evaluate the needs of the current orientation methods must remain current to decrease confusion and make sure that the program is comprehensive, interactive, and encouraging.

Adult learners need to stay engaged to receive adequate feedback and feel competent enough to take on a full patient assignment after an abbreviated orientation plan (Garrison et al., 2021). Learners need to take ownership and promote how much the experienced nurse is investing into their orientation. With new demands upon technology, and the needs of a changing workforce improving the technology accessibility can help

guide a new way of orientation for experienced nurses. The advanced technology that is being offered, serves as an avenue of providing a quality orientation, which would ultimately impact quality patient care in a positive way.

Technology to the Rescue

What is the effect of the collaboration between the technologically savvy world and a healthcare system that has been drastically impacted by the COVID-19 pandemic? Technology has become an invested portion of many individuals' lives and the literature supports several areas for technology to assist the healthcare industry and decrease the lack of knowledge related to virtual learning. By using technology to shape orientation programs, it would provide a distinct experience, with consideration for individual experiences and a different level of meaningful learning.

Remote work has become one of the hottest topics since 2020; however, it is not a new concept. Between the years 2017-2020, remote work only increased about 15% (Cleary, 2021). While the uptick correlates with the recent pandemic, the business world has adapted to working through a virtual environment. Although their accountability and onboarding responsibilities are shaped a bit differently, the health care industry could surely borrow tips on utilizing a virtual platform. Cleary states that good onboarding is critical as a shaky start equates to a shaky career. This could easily translate to the reality of a float team nurse. A shaky start will ultimately affect the quality of care that they provide. They may not be as efficient as they are expected to be within a short timeframe. There is a greater opportunity to increase exposure to other individuals that have the knowledge when utilizing virtual access. The content may remain the same, however, the learner will have the autonomy to work through and problem solve as needed. The

author's insight provides the reasoning that there are some weaknesses to remote work; however, until our current time changes, that the benefits from working remotely are too significant to miss out on.

White and Shellenbarger (2018) address learners who grew up in a digital world may become bored in a traditional setting and may need additional forms of active learning. The concept of awarding learners a digital badge was explored to see if there is potential in utilizing them for educational experiences. Basic gaming techniques have been documented in nursing education for several years, however, the digital badging format acknowledges a way for the learner to earn their next achievement. The achievements are set to represent benchmark skill sets that could be used as a portion of their portfolio or as an evaluation tool for potential employers.

Analysis of the target audience is a key consideration in determining if digital badging would be successful. Factors such as age, learning abilities, and technology competency ability were assessed. Implementation of digital badging is associated with success for the millennial generation for the active learning component (White & Shellenbarger, 2018). Their ability to earn rewards and receive consistent feedback would be favorable in a technology-based learning environment. Implementing a digital badging system would be highly favorable when incorporated into a nursing assessment course as it would offer quick and clear feedback, support visual components needed, and establish expectations of the learner. Critical objectives and experiences needed for learning will need to be under constant observation so that the most up-to-date information can be provided. Benefits of digital badges appear strong, however, further research is needed to seek answers related to the efficacy of the badging system. Educators want to be mindful

that the learners could get easily distracted by this system and become more focused on earning a badge rather than learning the objectives needed.

Woolwine et al. (2020) conducted a descriptive correlational study on the effects of implementing gamification techniques into a nursing orientation. An acute care facility redesigned its orientation to incorporate gaming elements. There was heavy emphasis on motivation and knowledge retention as essential components of any learning experience. The study yielded positive effects on both aspects for the orientee. Gamification learning strategies was experienced firsthand by a group of undergraduate students in a Health Informatics course supported by Castro and Gonclaves (2018), feedback alluded to the future success of the technology collaboration. The experience was perceived as fun and productive. Gamification may bring answers to many challenges that the healthcare industry has experienced with providing proper nursing education.

As technology-based learning strategies are becoming more common and well-received, there is some negative feedback to take into consideration. Hospital systems need better education about technology offerings as there is a lack of availability to hospital educators (Garrison et al., 2021). The limitations for clinical educators are the availability of certain technology and games. Free editions provided limited access without additional purchase or access request. Educators also found that setup can be time-consuming, or some sessions would need to be shortened to maintain within budget for staffing.

Innovative strategies to help support the float nurses' transition to a new unit should be widely supported by administration. Nursing administrators are instrumental in the support of quality education models and learning strategies to prepare orientee

learners for their experiences. Nurse leaders and nurse educators must be involved with assessing the needs of those completing orientation. They must realize that differential experiences based upon site, geographic location, and strategic operation should not pose a threat to competent float team nurses. Once they are adequately trained, then resources can be shared, and costs can be redistributed to a different area as needed. Overall, all resources can be utilized to their maximum potential.

Summary

Reality hits hard when one presents unprepared and unoriented. The healthcare industry has learned through hardship that competent float team nurses are essential to aid in a time of need. Thus, for them to present in a safe and confident manner, some form of orientation is necessary to provide safe and competent care. Orientations are an everlasting imprint upon a nurse's first impression of a work environment. For a competent float team nurse to obtain autonomy and assume ownership on a unit, the nurse must be thoroughly trained and prepared for the scenarios ahead. Float team nurses are essential in a continuum of quality care impacted by the work culture of the unit employed.

Nurse administrators and educators assume a responsible role in the continuum as well. Their contribution to that continuum is to make sure that quality, updated orientation programs are provided to nurses that are assisting them with coverage gaps. Virtual support is being evaluated daily and could possibly be at the peak of supporting healthcare education. Research supports the amount of autonomy and wide range of activities that gamification can provide. Gamification has the potential to bestow several benefits upon nursing education that utilizes technology-based platforms similar to other

professions. Much of the feedback is positive, with minor limitations to take into consideration. Overall, there is an interest and a need to develop a strong virtual-based orientation model for experienced nurses.

CHAPTER III

Needs Assessment

Many healthcare workers are disconcerted with the decisions that have resulted while working through the pandemic. The effects of these decisions have led to feelings as though leadership initiatives are reactive than as opposed to proactive. The effects of COVID-19 quickly shifted the clinical world to discover opportunities out of deficiency. However, this far into the pandemic, where does that lead healthcare workers with efficiency? It is not uncommon for clinical teammates to feel backed into a corner, but quietly put heads down and continue to report to work. This is not the first time, nor will it be the last time the healthcare struggles to accommodate the mandates delivered by strategic operations. Such decisions continue to charge executive leadership to new demands by frontline workers. Accurate and timely needs assessments are interventions needed for those that are on the front line of this healthcare crisis and are at risk. Leaders must listen to those who are willing to voice their concerns. By providing entry-level resources, front-line workers can remain empowered through this crisis instead of feeling unsupported.

A needs assessment was conducted to evaluate what resources were lacking for the current oncology-specific float team. Since the pandemic there has been a rapid increase in ambulatory nursing needs, causing an influx of new hires from different dynamics. Historically, float team teammates were required to have at least 1 year of oncology experience. Many areas of specialty have experienced nursing shortages due to the pandemic, making the effect of the turnover even more difficult. With health care changing in the blink of an eye, new opportunities will continue to emerge from the

deficiencies of the current nursing world. As new teammates are hired into these specialty roles, the resources to efficiently train them are heavily exhausted.

The project leader reached out to the teammates of a particular group of oncology float team nurses to determine what essentials were needed to start covering shifts at multiple ambulatory oncology locations. Once the results had been reviewed, it was identified that the float team needed an orientation that was resourceful and provided guidance permitting the nurses to be of utmost value to multiple units. The greatest need identified was to have time to learn about an assigned unit prior to arriving for work on that unit. Without having this information prior to arrival, the team reported that it slowed down progress or the ability to start a shift.

The greatest challenge in producing a comprehensive orientation model was that it needed to provide universal preparation and assist those within a spectrum of experience. The structure needs to be developed enough to support the novice oncology nurse's knowledge yet contain comprehensive preparation to appeal to the most proficient oncology nurse. Each phase of developing the orientation module included multiple steps and discovering many resources teammates were unaware existed within the organization. The purpose of this project was to receive feedback from the needs assessment and streamline an innovative approach to problems identified. It was important to present a solution that offered autonomy, but provided consistent expectations, and positively impact the float nurse experience.

Target Population

The aim of this project was to orient oncology float nurses to multiple oncology ambulatory units. These units may have current vacancies or may have sporadic staffing

needs from time to time. Each of these units shares the same division within the healthcare system. This healthcare system has multiple regional sites within the southern United States that are divided into four divisions: Central, Northern, Southern, and Western Regions. For the needs of this project, the Southern division was a particular point of interest, and the Southern division offered the greatest opportunity for this project. Several sites in this system employ a float team; however, many of the float team nurses are segregated to specific home units, whereas the floating aspect is specific to the Southern division. There is a total of five units in this division, with one unit under construction.

The Southern division float team has been without a structured orientation guide and has no current orientation module in place. Historically, orientation was completed on a need-to-know basis as teammates were expected to float less frequently prior to COVID-19. The float team previously consisted of less than two nurses, that may have already had exposure to the various sites assigned. Many of these nurses previously worked full time, then transitioned to reduce working hours in preparation for another position or retirement. Although such culture is no longer evident, these nurses served as the main resource for providing consistent orientation resources for new teammates and providing coverage for staffing gaps.

For the development of this project, the current demographic of the oncology float team consists of four nurses who range from 2-20 years of nursing experience, and other roles with various backgrounds ranging from medical-surgical disciplines to emergency medicine disciplines. With detailed feedback from the current float nurses and additional

supervising leadership, there is an opportunity to support this population better moving forward.

Setting

The orientation is designed to simulate each of the ambulatory oncology units that the float nurse will be exposed to while working in the southern division. The ambulatory units used to create the prototype for this project are within a 30-mile radius of each other within the same healthcare system. The area is geographically diverse, however many of the units care for patients from highly rural areas, with varying demographics. Some sites have resources onsite, whereas others may not have the luxury of onsite resources. They may have to refer the patients to services at a different place, day, or time. Some knowledge of surroundings and what resources to connect them to will be needed. This is important as the float nurse will be in a role that is a major resource to the patients being served. The ambulatory units are Magnet awarded and Planetree certified, both noted to identify quality care standards by allowing patients to be partners in their healthcare.

Each unit may exude its own unique culture; however, they do share many similarities. Each site has a practice manager to focus on daily operations and logistics, clinical supervisors to guide the daily clinical operations, as well as ancillary team members to add to the patient's perspective of well-rounded care. This organization prides itself in promoting quality patient care that is close to home. The organization also promotes redefining traditional oncology. The values of this organization align perfectly with the mission of the orientation developed for this project, which is vital in empowering the float team to provide excellent patient care.

Sponsors and Stakeholders

The quality-of-care standard for patients will be impacted. The goal is to have better clinical outcomes and better performance from the float team. To support the intent of this project, it is ideal to provide a diverse number of stakeholders for this project. This project will incorporate as many different perspectives as possible to advocate for its implementation. The administrative leaders and support would include the organization's Regional Director. The Regional Director would also serve as the Project Sponsor as this individual has direct access to each site and could serve as a liaison for the project leader to make connections with each practice involved. The practice managers and clinical supervisors of these sites would be potential stakeholders as each will be affected by this project. The practice managers would need to be advised about the teammates that had access to this information, as some of the information involved is related to cost center numbers and accessibility to high-security areas. The clinical supervisors, as stakeholders, would be ideal for beneficial input in terms of training, what type of items are needed prior to the first day onsite, and provide the potential to incorporate any additional items when orienting teammates to each site. Universality in the information the float nurse will receive is the main goal for the orientation. Incorporating the thoughts, opinions, and feedback of the clinical supervisors decreases the chances of relaying invalid information. Float nurses are highly subject to receiving inaccurate information, or information that appears inconsistent as it is coming from multiple sources.

This project will serve as a change agent for the current workflow of the active float team with hopes to make a dynamic impact. Naturally, the float nurses involved

would be stakeholders and the driving force behind the design and development of this orientation. The continued support of this project is heavily based upon the ability to enhance their learning experience and preserve staff and patient safety. Incorporating many ideas and experiences will only enhance the results of the desired outcome of this project. The desired outcome for this project is to cohesively blend elements of simulation, videos, and online resources to develop a quality hybrid oncology orientation.

Desired Outcome

Delivering an applicable hybrid orientation is the desired outcome of this project. This orientation must be universal with the ability to nurse at all levels from novice to expert in oncology care. To develop a universal orientation, experience and learning styles were incorporated in the foundation of development. The orientation will provide efficient access to the needed material and enhance the orientation transition experience of each float nurse.

SWOT Analysis

An in-depth analysis to evaluate the strengths, weaknesses, opportunities, and threats (SWOT) of this project was conducted (Appendix A). This assessment was used as a strategy to assist with the implementation of the orientation. This project was created with evidence-based support and includes the real-time thoughts and opinions of frontline teammates that are actively providing patient care. Leader support has been requested as this orientation module would provide an opportunity for leadership to provide quick intervention to a longtime need and/or concern. Producing a teaching tool with a universal approach to learning material would promote patient safety, patient experience, as well as boost teammate satisfaction.

Strengths

There is hope that the teammates' morale would shift as they would be able to see the finished product that they provided feedback on. Also, affecting teammates' morale would be a resolution to teammate shortages, a smooth and successful transition would have a great impact on the float nurses' desire to provide the site with extra coverage as well as promote the team's trust in who they are working with. An increase in trust would overall increase a nurse's competence and confidence in preparation for what shift lies ahead of them. The ability to grant autonomy to the float nurse and eliminate distractions produces a trustworthy relationship between the nurse and their reporting leader. It enhances the ideology that their educational goals are important and that their leader supports their personal and professional growth.

Direct patient care is certainly unpredictable, it can take unexpected turns in the blink of an eye, and even leave teammates left wondering what in the world just happened? For the oncology population, it could be minor events such as an Intravenous access infiltration to something as high priority as a patient fall or an infusion reaction to treatment. For these reasons, the nurse's ability to orient without distraction must be a shared priority. Factors such as introductory knowledge prior to arriving and orientation without distractions will provide the best opportunity for the nurse to reduce downtime and start their shift upon arrival.

Weaknesses

There were a few limitations in the following items during the development of this project including limited literature support and a lack of standardization experienced by working at multiple facilities.

As quickly as health care shifts take place the literature provided is not always the most up to date. It can be difficult to keep up with the most updated information when performing patient care daily. Annual competencies may not highlight the most recent changes and outdated information, which will not help the healthcare industry break down any barriers that exist for teammates or patients. It will only complicate the struggle even more; relevant health information is essential to quality patient care.

One of the common weaknesses witnessed by float nurses is the lack of standardization among many units. It is highly unlikely to find float nurses that cannot attest to their experience or the importance of standardization. Experienced float nurses may be able to adapt more quickly to the needs of each unit; however, to the novice nurse this can appear unsafe or unfair. This unexperienced norm could potentially shy the novice nurse away from a situation that they may have been more than capable of handling than they realized. The lack of standardization experienced included clinic workflows, infusion differences, nurse-patient ratios, and what roles may be designed as clerical activities, but nurses were still responsible for completing. Centers varied in the type of cancers they treated, the number of infusion chairs that were on site, the accessibility of resources, and different nurses with different roles and responsibilities. Although this project would not be able to fix these weaknesses it could acknowledge them during the online orientation and allow the nurse to get these needs addressed early in the orientation process.

Opportunities

There's a large amount of confidence that the opportunities associated with this project can provide the team with support. This orientation will help float nurses gain

autonomy, feel empowered, and create a powerful imprint into ambulatory oncology orientations. The areas of weakness can be a lot to embrace but, there is a great potential in moving forward with buy-in from the teammates, an increase in the teammate's satisfaction, as well as overall enhanced performance. Teammates will be able to advocate for themselves and their fellow colleagues. They will also have a chance to evaluate the usefulness of this project model.

This orientation would enhance the communication between the team and leaders as well. Leaders would be well informed about the material that is representing their practices. The additional communication would strengthen relationships among teammates and provide an outlet for them to connect with practice-level leadership if they are experiencing an immediate need. Using multiple forms of technology would be useful in creating a successful standardized orientation. Supported technology would allow efficiency in receiving the material and increase the accessibility of the information. It is a broad amount of information that the nurse would be responsible for learning. Those that are technology savvy could quickly access the material when in need.

Providing a standardized orientation is a resolution to a long-time battle. It fulfills both a need and a want as it encourages teammates to invest in their own community. There is also an opportunity to put to rest the old-time tale of nurses eating their young, simply implying that historically experienced nurses have not been willing to thoroughly orient new or an oncoming nurses.

Threats

For every opportunity, there is a potential threat. However, the highest priority is to maintain patient and staff safety. There is not any potential to move forward if the

results of this orientation do not adequately educate the teammates and help reduce or prevent errors from occurring. Misunderstanding and miscommunication are a part of everyday jargon, however, this module must be as streamlined and effortless as possible. When presented correctly, the buy-in from the teammates would be ideal with a successful module, however, any excess of questions or inability to comprehend the intention could produce doubt in the ability to use this model. Any lack of buy-in from the current stakeholders would pose a great threat.

There will need to be accountability and responsibility to keep the orientation module up to date. With nursing education, it is extremely important to make sure that the most updated education is being offered. The potential to have multiple points of view regarding what is up to date may contribute to error. There is also concern that the burden of upkeep must be placed upon another nurse or a person of mixed backgrounds with both clinical and clerical experiences. The ability to roll this module out with updated technology and the best internet quality can present potential threats as well. Some might argue that it is not wise to offer additional virtual services and remote access in a world that is already experiencing heavy network issues. The quality of remote services and network access will be an area to acknowledge when drafting this orientation module. The healthcare organization networking team may pose a potential threat as the process to have this added to the network may be associated with high costs. The information services team may also want to know the process to ensure that the wrong teammates do not receive inappropriate access.

Another threat would be determining what efficiency and accountability would look like when using this module. Without specific boundaries, teammates and

stakeholders could find themselves delegating who would be held accountable if mistakes occurred after they successfully completed the module? What leader is responsible for correction, education, and evaluation of the teammate that is using this module? What is the appropriate consequence should any of the teammates choose not to use the module? The choice to make the module mandatory may also change the nurse's viewpoint, as they may consider it just another task to complete and run the risk of completing without any sense of successful competency.

Resources and Team Members

The success of this orientation is based heavily upon internal resources of this organization. This project must incorporate different approaches in order to articulate the fundamental needs of the float nurse. Nurses need ongoing education to enhance skills, professional practice, and critical thinking.

This project will require the teammates' buy-in, and a project sponsor will also be delegated. The project sponsor will need to approve all drafts to make sure that the information presented aligns appropriately with the mission and vision of their region. Practice managers, clinical supervisors, and other clinical members are essential resources to evaluate the validity of the information specific to each site.

Financial support will be the greatest resource and potentially the resource that is the most limiting. Basic computer programs and editing programs may be sufficient to draft the foundation of this orientation, however, the Information Services team will need to be consulted to provide a program that is up to standard and could be added to the organization's intranet site. The organization's teammates would have automatic access by signing on through the remote portal. Due to the surge in remote access, it is favorable

for the organization to support this project's use. Outside access would not present any barriers once the project is added to the Internet network.

The degree of collaboration for this project is important to providing a well-developed orientation. The knowledge and skills of all parties can only amplify the desired outcomes of this orientation project. The information service team will be useful for assisting with gamification aspects that are needed. Information Services will also be able to assist with inserting the simulation videos into the project. The marketing team would be responsible for making sure that the standards of the facility are being maintained.

It will be necessary to consult with the marketing team and Information Services team to support the gamification and simulation framework. The marketing team will need to grant permission and access to each unit involved. Marketing resources will also be responsible for making sure that the standards of the facility are being maintained. The marketing team will be responsible for all video footage and pictures needed from each ambulatory unit. Information services would be essential to making the technological aspects applicable for use.

Cost-Benefit Analysis

There are both direct and indirect costs associated with project implementation. Related to direct costs, the use of hyperlinks to each location and workstation will result in the cost for photography and technology. Maintaining the technology aspects of the orientation will result in costs to the facility as well. Also, time spent by the float team completing the orientation will be an associated cost to the cost center that they will be working for. There would be salary costs associated with the ongoing development and

maintenance of this orientation project by the organization. This amount will depend upon the role selected to oversee the orientation after implementation.

Although anticipated estimates appear high according to the budget plan, there is an abundance of benefits that can flourish from the development of a universal orientation project. Most of the benefits will ultimately result in cost savings. Increased productivity will result in lower overtime costs for the float team. Increased nurse morale will result in decreased turnover, which ultimately results in decreased expenses for the facility in recruitment, hiring, and onboarding of new nurses. Increased patient safety results in fewer preventable injuries and errors which are all costly.

Conclusion

To the untrained eye, it appears that most of the interventions in the healthcare industry related to COVID-19 have been noted as inappropriate or without proper logic. Clinical teammates are constantly frustrated because they fail to realize that there is not a manual for how to survive a pandemic effectively or efficiently in healthcare. It may be some time before the industry is able to recover, and even longer before clinical teammates have better faith in strategic operations. With the constant stress and strain of healthcare workers at the tail end of these executive decisions, many teammates feel as though they are drowning, burning out, or turning a blind eye to a career that they once loved and appreciated.

CHAPTER IV

Project Design

Daily operations and teammate responsibilities can be drastically different depending on the site. The design for this orientation is to be built with consideration of strategic operations and nursing education needs to reduce frontline teammates' experiences of distress when floating from one site to another. A standardized orientation module was identified as a solution to several hindrances experienced by the oncology float pool nurses in this organization's Southern division. The project leader investigated current workflows and applied constructive feedback from the current float team members to construct a comprehensive resource for the team moving forward. Information supporting this project includes a needs assessment, surveys from the current float pool teammates, as well as surveys completed by the clinical supervisors of each unit that is within the Southern Region. Upon development of this orientation, it will be submitted for review by the Project Sponsor, the marketing team, and the information services team prior to implementation.

Goals and Objectives

There are several goals that this project is anticipated to alleviate. This project is designed to be inclusive and applicable to a wide range of experienced oncology nurses. This orientation module will allow time to focus on improved clinical competence related to working in multiple sites with differing environments and how to contribute to the culture of safety at each location. Mentorship among advanced nurses can be promoted and lead to an increased knowledge. Stress management will become more manageable and teammate confusion will be eliminated while working in a new environment. A

standardized, formal orientation format is ideal as it provides the float nurses with adequate support prior to arriving onsite. It will also decrease the need for the preceptor to spend so much time away from patient care, trying to get the new teammate started.

Developing a project that is inclusive and applicable to oncology float nurses became a high priority once it was identified that the float team was presenting to their shifts feeling defeated. A formal, standardized orientation format is not a new concept; however, it is ideal to provide the float nurse with adequate support to provide safe, competent care. It is important to leadership to ensure the float team has confidence in their work, and the teammate is responsible for ensuring the ability to provide quality patient care. To do so, one must ensure that enhancing the culture of safety among float nurses is high priority. Providing consistent expectations and guidelines during structured orientation can increase autonomy, clinical competence, and decrease confusion within a new work environment.

This orientation will be a prime source for helping the float team be successful. It is an educational tool that provides correct, critical information that could easily be missed or received incorrectly. This orientation module will also promote best practices as multiple sites may operate differently but they are upheld to the same standards of the organization's policy. One of the greatest advantages of this guide is that it will also function as a directory of associated contacts for each facility. Hopefully, this will prompt the nurse to develop a relationship with onsite leaders and promote autonomy in them advocating for the facility that they are covering.

Plan and Material Development

The literature review served as a guideline to the project leader to identify several best practices on how to construct a successful nursing orientation module. Results from the literature search yielding best practices for virtual nursing orientations were limited, however, characteristics of gamification, virtual orientations, and self-directed education have proven to be successful in several other disciplines. As these factors were highly noted, these topics became contributing factors to the plan and development of this hybrid orientation developed by the project leader. This orientation will provide a baseline level of training. The orientation will not replace the need for the Clinical Supervisor to review the area with them, this is simply a tool to share the burden of orientation. It is anticipated that there will be a need to update the orientation material over time and will mandate frequent reviews to make sure that the most up-to-date information is available.

Registered nurses (RNs) within the float pool come from different backgrounds and training. The survey was developed with these factors in mind as it would need to incorporate a wide range of resources. The survey was developed to get an understanding of what the float nurse needed after experiencing the current workflow. During this process, it was identified that there was a gap in the quality of orientation that the nurses were being provided.

A majority of the orientation module will be supported by Microsoft PowerPoint. The PowerPoint application is widely known to teammates, and it is easily accessible through the organization's software. Utilizing software such as PowerPoint will allow for the updates to happen on a timely basis, and it is less likely to require significant

resources if changes or updates are needed. It is also favorable to budget as opposed to using a more high-end software that the hospital organization is unable to support.

The orientation was developed to be beneficial to several learning styles by incorporating a mixture of interactive videos that provides a general welcome message along with the goals and objectives of the orientation. Interactive hyperlinks that connect location information with visual aesthetics of each location, resources that each ambulatory site offers, along with listings of web-based training that would be helpful to the nurses to continue their learning. Evaluation tools will be needed after the project implementation. There will be a significant lapse in time between implementation and evaluation as it is unknown how long it will take for the float nurse to complete the full orientation due to all the sites that are involved. Although this could be viewed as a potential hindrance, the evaluation feedback will be essential once the orientation is complete. It will be ideal to know if it met all criteria that are needed to confidently start a shift in an unfamiliar environment safely and efficiently.

The development of this project was conducted in phases. Each phase contained multiple steps. The deadline for implementation has yet to be determined, however, is proposed to begin the early first quarter of 2022. In the first phase, The project leader identified a need for change. Two new teammates were hired into the Southern Region float pool during a high-stakes time, and due to COVID-19, there were a lack of training resources available. Due to the lack of resources, the teammates were trained in different facilities utilizing different methods. At this moment, the need for greater standardization was identified.

The second phase was spent gathering information and developing an assessment tool to evaluate the float nurses' training experiences. The feedback was reviewed and the search for an evidenced-based practice solution was investigated. The conclusion of this phase was the proposal to draft an orientation module that would well prepare float teammates for their assignments at several facilities in the Southern Region. The project leader sought the approval of the Project Sponsor for this region.

Phase three consisted of a comprehensive literature search to support developing a comprehensive virtual nursing orientation that provided autonomy as well as empowered the float teammates. Peer-reviewed, evidence-based literature provided a platform to explore multiple learning modules, technology-based learning opportunities, as well as how to promote an autonomous learning experience. It was also important to keep teammates engaged and prevent them from feeling overwhelmed. Although some areas of the literature review presented premature results, innovative aspects are on the uprise due to the virtual world that COVID-19 has paved the way for.

Phase four presented an opportunity to complete an additional needs assessment. By this time, PRN requests were a bit less than they had previously been. Teams within the Southern Region had been granted the opportunity to hire permanent teammates which was also a factor taken into consideration. During this phase, it was a high priority to ensure that this orientation was developed with the teammates' feedback in mind and to meet the needs of those the orientation is intended for use. The project leader also spent time with nurses in various roles to ensure that elements related to practice management and clinical leadership were also addressed in the orientation material.

Phase five consisted of project planning and development. This phase focused on the template and design of the orientation. The teammate survey and the needs assessment were major assets in developing an educational tool that would be helpful to the float team. It is in this phase that the float team feedback was used as a guideline. (Appendix B) This phase is also the most influential within the project. It is an indicator that leadership is supportive of the float team's education and speaks to the need to advocate for change.

Phase six allows the implementation of the project. A consistent location for the orientation to be housed would also need to be determined. This location would need to be easily accessible both onsite and offsite. During this phase, it is essential to provide touch base points with the float team so that any questions or concerns can be addressed and reduce any confusion or oversight. This would also be an ideal time to support the rapport between the float team and the Clinical Supervisor of that location in question.

Timeline

The timeline presents 1 month prior to the 12-month planning and developmental period. (Appendix C). Implementation is proposed to pilot after the 13th month. In the fourth quarter of 2020, the float team acquired two new RNs. The first quarter of 2021 initiated the need for orientation development. The orientation planning was conducted through the remainder of 2021. The pilot would go live in the first quarter of the year 2022.

Budget

There were several direct and indirect costs considered with the development of this project. These costs are anticipated to have a significant effect on the implementation

of this project as well. The direct costs are related to worked hours per teammate working through the implementation of this project. Costs associated with a project manager would incur once implementation is initiated. The project leader assisted in the development of this project; however, the organization would need a teammate to oversee the workflow to maximize the orientations used. Projected maintenance would be needed as the most recent information would need to be in this orientation module to ensure that teammates are receiving the appropriate information. An itemized list of costs was provided to justify the requested resources for this implementation. Appendix D highlights estimated amounts to support the project prior to implementation. The greatest goal of this project was to control costs in as many areas as possible. It is anticipated for the benefit to outweigh the cost; however, one must understand that the investment here will produce more than tangible results.

Evaluation Plan

Working with key stakeholders is a successful intervention to developing an evaluation plan. This orientation must contain the most recent information for this tool to be successful. Quality measures need to be in place after this resource is developed and implemented. Most commonly, a completion survey would be an ideal way to note the progress of float team perceptions before and after the orientation. The results would be analyzed by the current project manager, and results would be compiled to review with the clinical supervisors for any changes or updates that are needed. All feedback would be encouraged and taken into consideration to revise the orientation. An important component of the evaluation plan would be the amount of engagement and motivation that the float team is possessed after completing the orientation. This would be a key

indicator to nursing leadership that this high-stake investment produced high yield results; increased teammate satisfaction, increased teammate morale, and teammate safety. Upon the evaluation results, this would be an optimal time to extend the use of the orientation module outside of the Southern Region float team. Perhaps teammates that may need to go to another site and cover on a temporary basis could also find value in this orientation.

Summary

Although float nurses appease the demands of staffing shortages daily, these nurses are often not exempt from a number of issues, miscommunications, or concerns when working healthcare shifts. During the pandemic, many nurses voiced concern over not receiving adequate or timely training prior to working. Knowledge has been gained indicating this was an unknown concern prior to the pandemic as well. During this process, experienced nurses voiced concerns that measures are needed to ensure all staff are adequately orientated and prepared before work begins. The goal of this project was to identify a process to implement evidence-based change for the orientation process. This implementation was initially aimed at the oncology float nurse population, however, if utilized appropriately as a resource, permanent teammates working in this region would be able to find the resource of some assistance as well.

During this developmental process, it was recognized that regardless of experience level, an unfamiliar territory can produce uncomfortable moments among the most confident oncology nurse. These uncomfortable moments may pose a risk to patient or teammate safety. By obtaining additional goals of promoting nurse education as well as decreased negative perceptions of float nurses and their experiences the future of

hybrid orientations could be favorable for daily operations as well as to quality patient care.

CHAPTER V

Dissemination

Not all practice problems can be solved, however, at the center of most health care crises, there is a need for education. Although the pandemic took many people by surprise there's still a lot to learn to prepare the healthcare industry for what is next. In the Southern Region, there were some concerns related to this float team prior to this project development; and as fate would have it education was a factor in part of the solution.

Colleagues that worked with the float team had little to no knowledge of the oncology float pool, the logistics of the assignment process, or the priority associated with the requests for assistance. Historically, these same colleagues expressed concern about the float team, their schedules, or their assignments due to this lack of understanding. The float team will be great benefactors of this orientation; however, it is aimed to impact the morale of the Southern division. The float team unable to obtain adequate training prior to their shifts was of great concern as well. This concern continued to overlap the staffing shortage and left many clinical supervisors to be pulled into staffing leaving very minimal time for them to provide training to any float team member. The impact this had upon satisfaction and staff morale was influential. Thus was a great reason to ensure the clinical supervisors serve as stakeholders for this project.

Dissemination Activity

This project proposal was presented to six clinical supervisors within the ambulatory oncology units of the Southern Region. The presentation provided an insight into the program layout anticipated for implementation. The format of the presentation was through Microsoft PowerPoint. The stakeholders were able to view a rough draft of

the orientation and provide real-time feedback. According to their specific units, there would be several differences that would need to be identified. This was evident in the survey the clinical supervisors participated in during the needs assessment. It was evident that prior to the implementation more time with the Clinical Supervisor was essential to the float team having a positive experience. In many capacities the workflows are uniquely different, however, they all abide by the same policy and procedure of the organization. Historically, this posed great concern considering the small details could get overlooked if they weren't addressed prior to the shift.

There were demographics that needed highlighting for specific ambulatory locations, highlights regarding clinical differences that exist between the same role at other locations as well as a comparison of suggestions about the different supplies that are used at each site. These items were noted and taken into consideration as this presents an opportunity to reduce medical errors, enhance patient safety, and increase autonomy among the float team while working on the frontlines.

After completion of the presentation, the clinical supervisors had positive feedback. It was noted this project is a creative and innovative way to promote virtual learning as well as learn the dynamics of the Southern Region. It was suggested that using Microsoft Teams would help enhance the communication and accessibility of this orientation. The Microsoft Teams program is supported by the organization as a current communication system. It combines several features of chatting, video messaging, and phone calls. It also allows the ability to create a group-specific to the needs of the float team. The orientation can be housed in this chat group and should be easily accessible when revisions are needed.

Limitations

Inviting the clinical supervisors as stakeholders presented a prime opportunity to incorporate critical clinical information into this presentation review. However, it also presented limitations from a clinical leadership point of view. The limitations discovered within this orientation were related to partnering with the organization's additional service lines, a lack of up-to-date information, and the timeline of completion. Exploring these limitations has its challenges; however, it will help redefine the orientation as efficient and engaging after implementation is complete.

A majority of the limitations revolve around working through specific channels for the organizations' service lines. This was a heavy time for this organization as if there were some other technology implementations that were scheduled to go live during the same time frame. The videography and photography have yet to be developed for the same reasons regarding additional implementations. Subsequently, this also affected the hyperlinks being unavailable for presentation at this time. This made it difficult for them to visualize the complete theme of the presentation, however, they were still able to follow the workflow of the orientation and contribute to additional elements that would be an enhancement. This orientation is designed to identify the importance of the float team being able to operate flawlessly in a new environment. That includes being in tune with one's surroundings, the resources available, and how to incorporate these elements into quality patient care. When all elements are adequately completed and embedded into the orientation it will enhance the experience.

The amount of up-to-date educational resources and technology resources will always be a limiting factor. As quickly as technology is developed it can quickly be

outdated. During the COVID-19 crisis, education and technology have been intricately linked together more efficiently to touch a broad amount of people. The technology service line will need to be a continuous resource partner during this initiative to allow this orientation to remain active and engaging. Without the resources used adequately, the healthcare team may lose interest. It is evident that as quickly the world has attempted to adjust to remote life, consideration must be taken that there are still some anticipated limitations to virtual learning, remote access, and computer literacy among the staff. These factors could lead to participants at risk to encounter issues with the technology during the remote orientation experience. Education updates are not upon exemption with this either. Education updates must be acknowledged, adequately reviewed, and published prior to use.

The final limitation consists of the time frame in which the evaluation period will occur. Due to the nature of the orientation's design, the number of facilities that are involved, and the general PRN requests that occur, it may take an extended time frame for the float team to complete the full orientation. It is not uncommon for the Southern Region that the current float team has not yet covered all sites.

Implications for Nursing

The nursing implications of this project solely focus on the importance of education. An increase in knowledge for the float team is essentially an increase in knowledge for the patients and their caregivers. The float team can be a key player in the patient's care plan and they are able to direct the patient to the appropriate discipline should the patient need any additional services. The greater the knowledge of the float teammate, the greater the ability to bridge the gap for those patients in need and who

have yet to receive the appropriate help. The caregivers also benefit from an increase in knowledge as they can participate in their loved ones care as well. It is essential for the nurse to be able to spend as much time with the patient as possible as they will be able to better assess the patient's ability to understand their care, their medication, and any additional medical information that may arise.

Within the future practice of these implications, there is great expectation that it will increase patient and teammate safety. This will have a direct correlation with the morale within the Southern Region and the Southern Region float team. The greater the ability for the float team to work with their colleagues will enhance their trust for one another.

Recommendations

There are several recommendations that would enhance this orientation through further implementation. According to the literature search, orientations can be very broad in scope and rarely focus on detail-specific items. In this project, it was facility and unit-based specific, however, the developmental plan could have benefited from adding annual competencies embedded in the orientation workflow. This would give the float team an opportunity to know what is expected of them along with a generic calendar to advise them of what time of the year they would be expected to perform their clinical skill check off. Knowing this information ahead of time would also combat any issues of scheduling any additional education requirements.

The literature search also promoted ways to keep adult learners active and engaged. With advanced technology, the ability to collaborate and creatively blend simulation, and other gaming features while empowering the teammates is a major

investment. Utilizing various learning resources would be essential to supporting multiple learning styles with remote learning. Gaming features that offer a sense of ownership and allow teammates to collect an interactive reward have been successful with several other disciples. This orientation module could be a key component of establishing quality transitions among the ambulatory units in this oncology community.

Conclusion

As each of these accomplishments are completed, the hope is that the float team will obtain greater autonomy as healthcare continues to migrate through this nursing shortage. Beyond the active nursing shortage, and additional stress and strain of the COVID-19 surge, nursing orientations have truly suffered. Remote work has maximized within the past year due to COVID-19, but this new tech surge can't be the only solution to improve bedside care. Nursing leaders must advocate to make sure that nursing orientations remain an area for active improvement. Nursing leaders of specialty care services must also remain diligent in this journey as these orientations can often take longer to complete due to complex care regimens.

Overall, this hybrid orientation was developed to be a facility-specific and unit-specific onboarding resource. This resource serves as a guideline for those that will be able to apply it and provide a brief introductory training prior to the float team arriving on site. Its general concept is to educate the float team; however, the benefits will bring many more contributions to quality patient care. The nursing implications of this orientation include improved patient safety, increased trust among the float team with their colleagues, and greater confidence with the float team as they develop their career with the Southern Division float pool.

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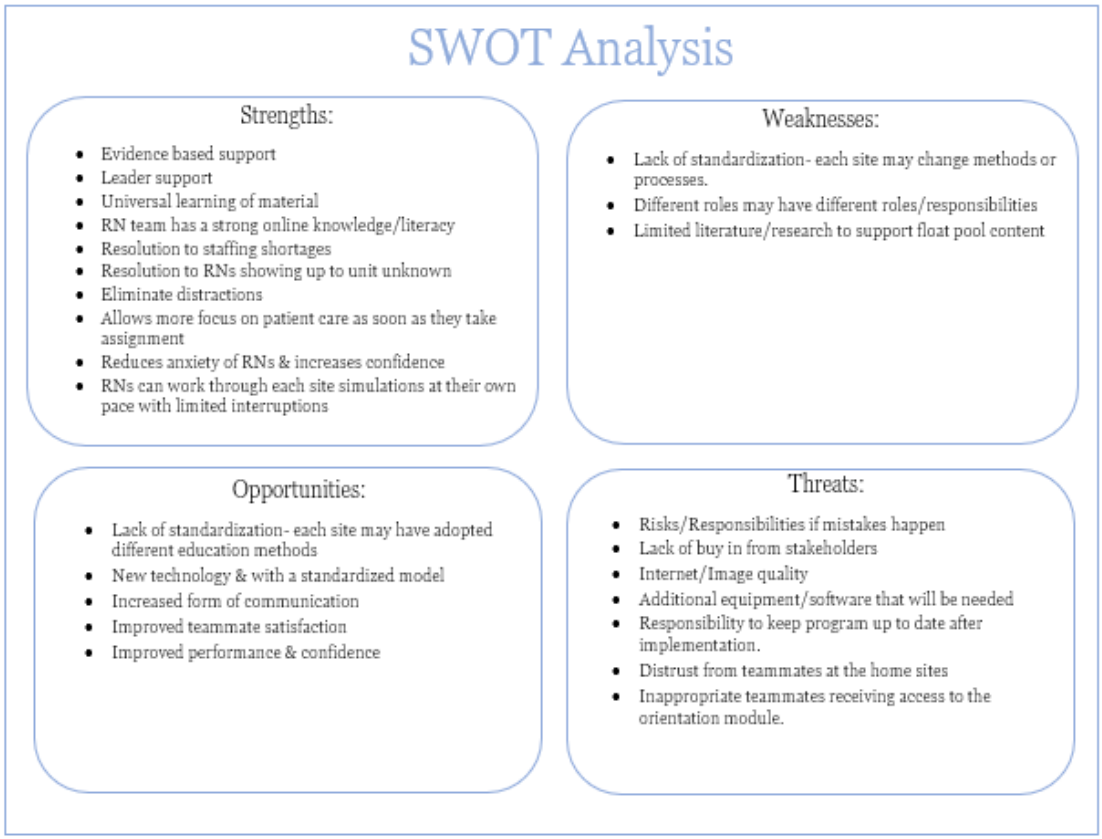
Appendix A

SWOT Analysis



Appendix B

Teammate Survey

Float Pool Quality Experience Survey

With ongoing effort to improve the quality of the float pool service, your participation is essential. The survey is voluntary. Your feedback will remain anonymous.

Clinical Experience	0-5 years	6-10 years	11-15 years	16-20 years	20+ years
How long have you been a Registered Nurse (RN)?					
How long have you been employed at Monsters Meadows (MM)?					
How long have you been employed with the Hospital organization affiliated with MM?					
Float Experience	Yes	No			
Do you have previous floating experience?					
Have you been oriented to all sites within the region?					
Float Experience continued	0	1	2	3	4
Please rate your comfort level with your current orientation of multiple units.					
Please rate your comfort level floating to multiple units.					
Please rate your comfort level caring for a patient of both Hematology and Oncology diagnoses.					
Work Environment	0	1	2	3	4
Please rate your level of difficulty using different supplies when floating?					
Please rate your level of difficulty finding supplies/equipment when floating?					
Please rate your level of difficulty contacting the onsite clinical leader when floating?					

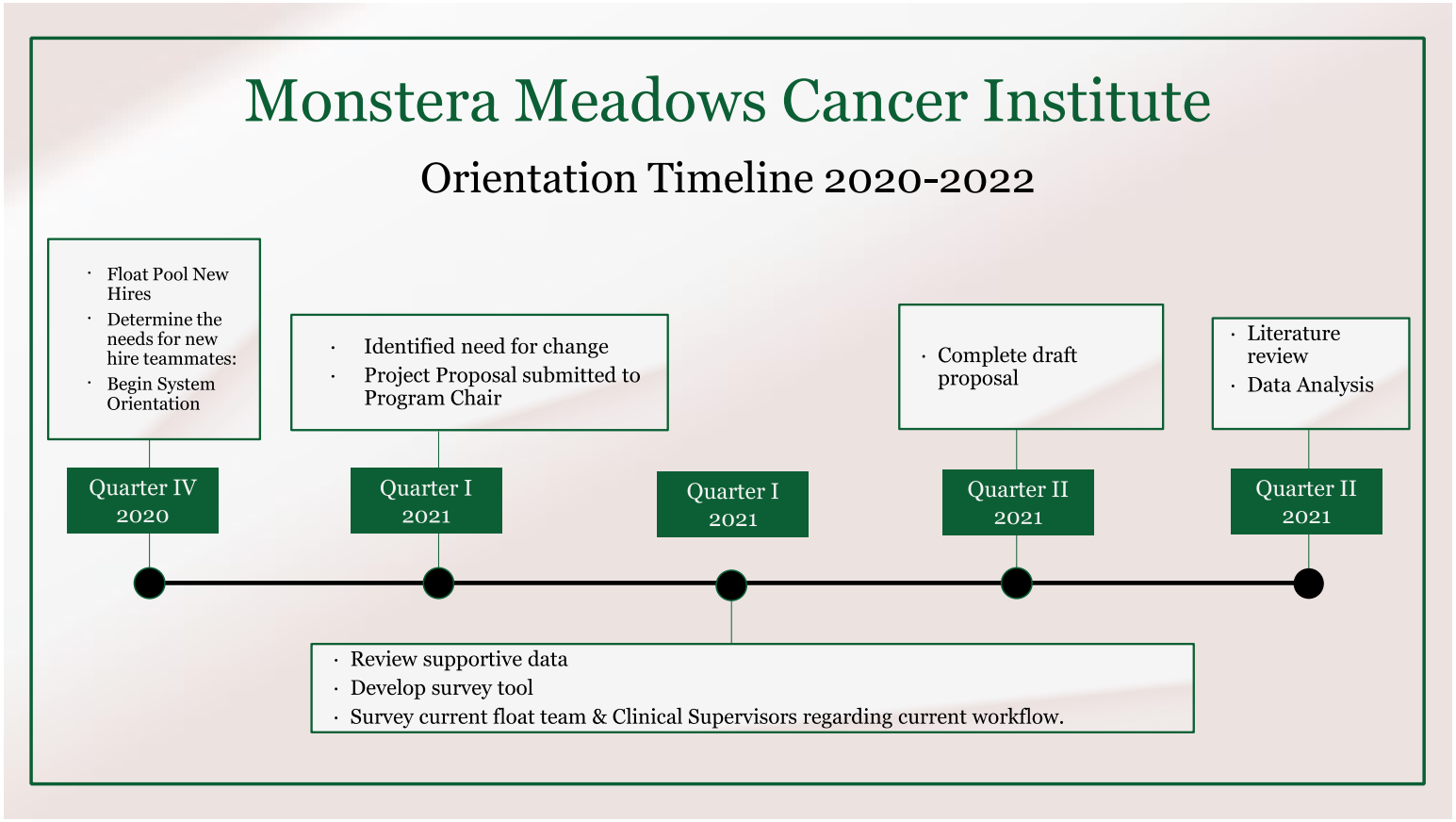
Float Experience Continued:
- 0- Uncomfortable
- 1- Somewhat uncomfortable
- 2- Neutral
- 3- Somewhat comfortable
- 4- Comfortable

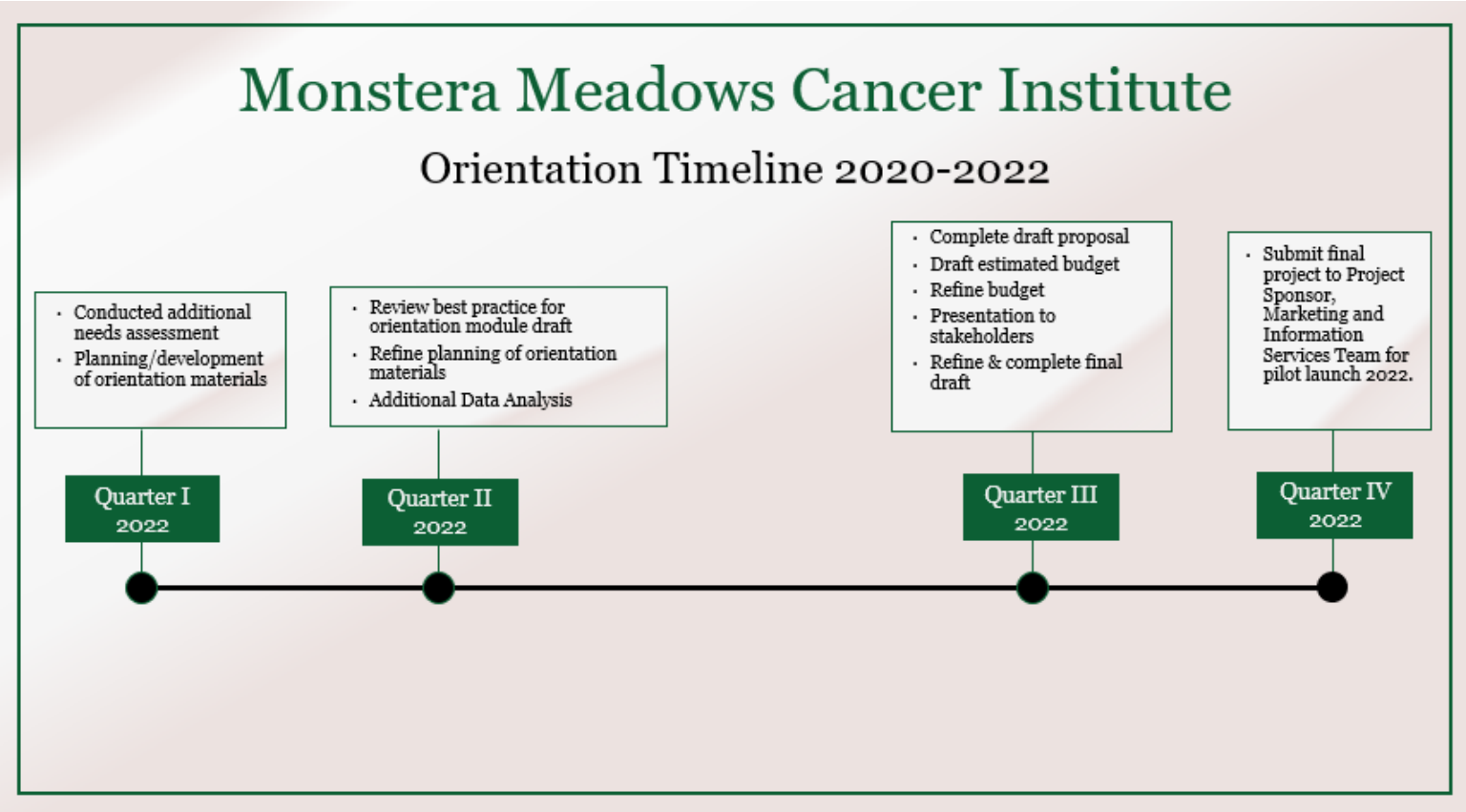
Work Environment:
- 0- Uncomfortable
- 1- Somewhat uncomfortable
- 2- Neutral
- 3- Somewhat comfortable
- 4- Comfortable

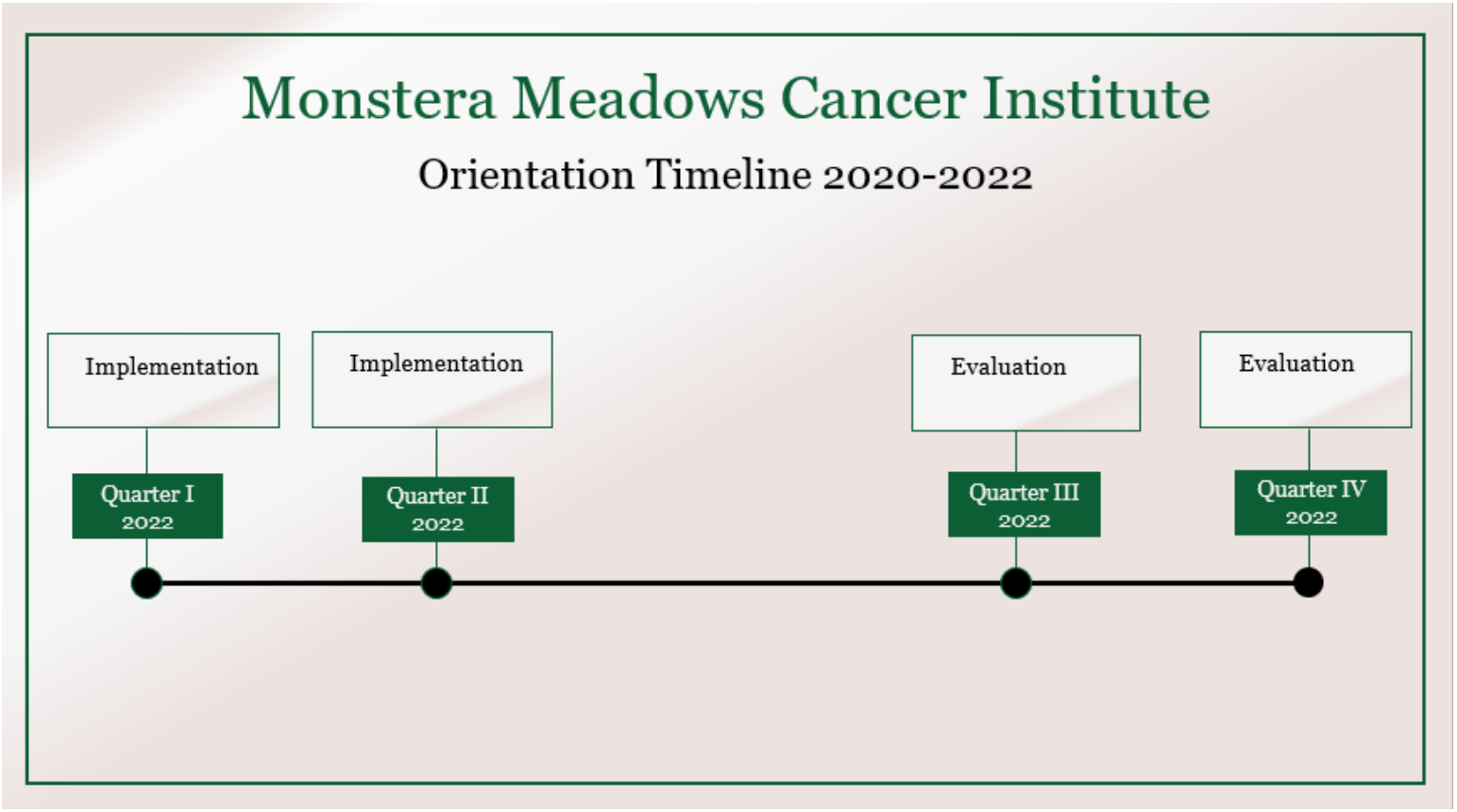
Please list any experiences that were not addressed that you would like to have addressed prior to orienting at a new facility:

Appendix C

Timeline




Monstera Meadows Cancer Institute
Orientation Timeline 2020-2022
Conducted additional needs assessment
Planning/development of orientation materials
Quarter I 2022
Review best practice for orientation module draft
Refine planning of orientation materials
Additional Data Analysis
Quarter II 2022
Complete draft proposal
Draft estimated budget
Refine budget
Presentation to stakeholders
Refine & complete final draft
Quarter III 2022
Submit final project to Project Sponsor, Marketing and Information Services Team for pilot launch 2022.
Quarter IV 2022


Monstera Meadows Cancer Institute
Orientation Timeline 2020-2022
Implementation
Implementation
Evaluation
Evaluation
Quarter I 2022
Quarter II 2022
Quarter III 2022
Quarter IV 2022

Appendix D

Budget

Monstera Meadows Cancer Institute

Budget Plan

Component	Detail Description	Estimated Cost	Hour(s)/Unit(s)	Total Estimated Costs
Program Coordinator	Project Coordinator or project manager	$32 per hour	150 Hours	$3,000.00
Marketing Specialist	**Marketing Services Support**	**$28 per hour**	**20 Hours**	**$560.00**
Unit Based Media	Marketing Services/Video and Photography	$500 per site	Per package per 6 sites	$3,000.00
Application Specialist	**Information Services Support**	**$30 per hour**	**20 Hours**	**$600.00**
Unit Based Media Editing services	Technology support services to link video and photography	$500 per site	Per package per 6 sites	$3000.00
Float Nurse	**Education hours per teammate**	**$34 per hour per 4 RNs**	**8 Hours**	**$1,088.00**
Standard Software Package	Business Licensure Edition	$1000	1 licensure	$1000.00
Miscellaneous Costs	**Miscellaneous; Technology & Product supplies**	**$1500**	**n/a**	**$1500.00**
Total Estimated Cost of Project				**$13, 748.00**

**All monetary figures are estimated costs of each component.