

Efforts to Optimize the Orientation of New Nurses: *Pilot Study*

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ABSTRACT

The orientation of new nurses is needed to facilitate the familiar environment, tasks, and new jobs, but not all hospitals set it up. The purpose optimization of the orientation of new nurses was to set up the equipment needed in the implementation of orientation, both technically and policies, as well as prepare the nurse supervisor support. Methods to approach a pilot study in two wards in hospital X involving 14 nurses. The sampling method was purposive sampling, namely selecting nurses with the qualifications of the head of the room, the team leader, and the person in charge of the shift as the guiding nurse for the new nurse. Troubleshooting use plan, do, check action (PDCA), through a guidebook, Standard Operating Procedures (SOP) orientation, supervision, and bedside teaching, socializing, discussions, and demonstrations. The results achieved were increased understanding of the supervisory nurse regarding the orientation period and its role in guiding new nurses with an average score of 65.71 before the activity and 87.86 after the activity. Nurse supervisors also have a better ability to conduct supervision and guidance through bedside teaching. It can provide potential support orientation programs so that the orientation of new nursing program that has been designed should be submitted to the director of the hospital that made the decision letter. The nursing field also should be able to perform the function of the direction and control well for the implementation of the orientation can run optimally.

Keywords: Guidance, Orientation, New Nurses

1. BACKGROUND

The new nurse is a nursing resource that needs attention in the hospital. New nurses undergo a transition period before becoming competent nurses, where the clinical experience of new nurses is still very minimal [1]. The transition period for these new nurses can have an impact on the provision of nursing care that is less than optimal. Research conducted by the National Council of the State Board of Nursing [13] in the USA said that 40% of nurses who had just graduated and worked in hospitals had medical errors. The mistakes made by this new nurse can endanger the patient so that guidance efforts are needed to prepare a new nurse.

New nurse graduates need a supportive learning and guidance process to avoid mistakes in providing services [9]. This can be pursued through the orientation

period, where the orientation period is needed to facilitate new nurses in getting to know the new environment, assignments, and jobs [4]. Through this orientation period, new nurses will be introduced to the hospital environment they have just entered, competencies, standards, policies, and procedures in the hospital.

Hospital X is a new hospital that was inaugurated as a public hospital in 2014. Currently, there are around 23.14% of new nurses who have worked for less than one year in the ward, where the number of new nurses will increase due to the planning of new nurse recruitment re-implemented. The hospital seems not optimal in the management of the new nurse orientation period, this can be seen from the absence of a manual for the orientation period, SPO for the orientation period, and the method of orientation guidance. The new

nurses do not have a target of competency achievement and the things that are done by the new nurses are not documented. This makes 67.86% of new nurses confess that they are confused about the action targets and competencies that must be achieved during the orientation period. Other data also shows that there are 48% of new nurses who have a poor perception of the orientation period. This perception can be influenced by the guidance received during the orientation period. New nurses assess that there are still 40% who are not good at providing guidance.

The not optimal orientation period for new nurses at X Hospital could potentially lead to procedural errors that could endanger patients. New nurses who are not properly prepared can experience work shock and provide sub-optimal nursing services [8]. This can potentially lead to errors in providing nursing care that endanger patient safety, so there is a need for efforts to optimize the orientation of a new nurse. The goal of optimizing a new nurse orientation program is to prepare the tools needed in the implementation of orientation, both technically and in policy, as well as preparing nurses. the supervisor who supports the implementation of the new nurse orientation. Based on the above conditions, the researcher wants to make efforts to optimize the orientation for the new nurse.

2. METHOD

The method used is a pilot study approach involving reforming agents in two wards which are used as new nurse orientation places. In the initial phase, problem identification was carried out using interviews, observation, and questionnaire techniques. Problems were analyzed using a fishbone diagram to see the factors that influenced the new nurse orientation period. Problem-solving uses to plan, do, check, action (PDCA) by involving 14 nurses through purposive sampling, namely selecting nurses in the ward with the qualifications of the head of the room, the team leader, and the person in charge of the shift as the supervisor for the new nurse. The activities carried out were making a guidebook for the orientation period, SPO for the orientation period, bedside teaching, and supervision. Handbooks and SOPs are socialized and demonstrated by the supervisor nurse to new nurses. Things that are evaluated are the level of knowledge and the role of the supervising nurse during the orientation period, bedside teaching, and supervision for new nurses. Evaluation is carried out by distributing questionnaires, observations, and interviews with supervisors and new nurses.

3. RESULTS

The results of the study illustrate that the problem of nursing management in the hospital is that the new nurse orientation period has not been optimal. Analysis of the factors that cause the implementation of the new nurse orientation period has not been optimal was analyzed using the fishbone.

Fishbone analyzed explains that five factors influence the implementation of the new nurse orientation period which is not optimal. The human factor appears in the not yet optimal understanding of the concept of new nurse orientation, the supervisors have not understood their roles and duties properly during the orientation period. The education of the supervisory nurse mostly D3 nursing also has an impact on the ability of the supervisor nurse in mentoring new nurses.

Material factors can be seen from the data on the absence of policies, manuals, and the SPO orientation period. This causes new nurses and nurse counselors not to have competency targets to be achieved during the orientation period. The method factor can be seen from the unsystematic method of guidance being carried out, the supervision activities have not been planned and carried out properly, the supervisor only observes the actions of the new nurse and reprimands if they make a mistake, but does not evaluate and provide feedback after the supervision is carried out.

Financial factors arise because the supervisor nurse has not received remuneration for guidance activities. This can affect the motivation of the supervisor nurse in providing guidance. The machine factors or tools used to facilitate activities are described in the feedback mechanism. The feedback mechanism regarding the orientation period has not worked optimally. The new nurse was never asked for her opinion regarding the orientation period that has been carried out at this time. The supervisor also admitted that there had never been a formal evaluation mechanism on the orientation period of the nursing field.

Nursing problem solving is taken using a change agent with the Plan, Do, Check, and Action (PDCA) approach which is presented in chart 1.

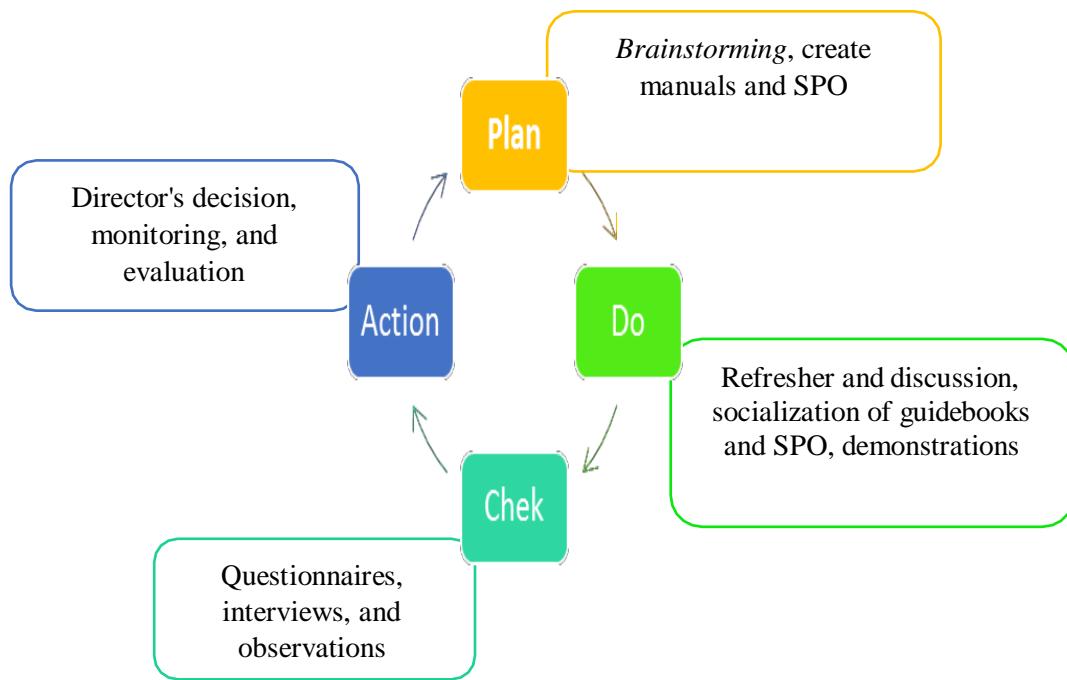


Chart 1. The PDCA cycle to optimize the orientation of the new nurse

The "Plan" phase or planning is made in the form of a Plan of Action (POA) which aims to increase the optimization of the new nurse orientation period. Activities carried out included brainstorming about the new nurse orientation period with the head of the room and the team leader as the supervisor, new nurses, nursing, and general and staffing departments. The next activity was compiling a guidebook for the orientation period and SPO regarding the orientation period, the bedside teaching method, and supervision for new nurses.

The "Do" stage of implementation is carried out with refreshments and discussions to increase the knowledge of the supervisor nurse in the orientation program. The initial socialization of the new nurse orientation manual also provides an opportunity for all hospital parties who will be involved in the new nurse orientation period to provide input so that things in the manual become a shared commitment. Then determine a sample of the room where there are new nurses as a pilot study. The activities carried out were the socialization of SPO which was carried out through small group discussions and demonstrations of guidance activities in the form of supervision and bedside teaching.

The "check" or evaluation stage is carried out in three ways, namely distributing questionnaires, interviews, and observations. The questionnaire was distributed before and after the activity was carried out to the head of the room, the team leader, and the person in charge of the shift to see the knowledge of the orientation period

and their role as a guiding nurse in the new nurse orientation period. The difference in the level of knowledge before and after implementation can be seen in the following diagram 1.

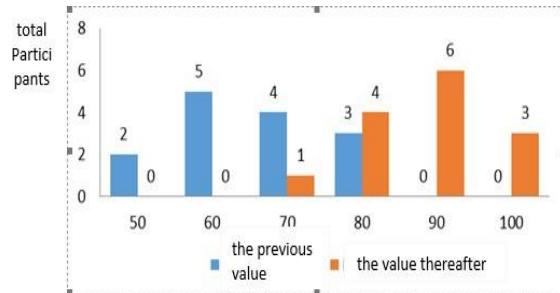


Diagram 1. Differences in the level of knowledge of the supervisory nurse regarding the orientation period and the role of the supervisor during the orientation of the new nurse (n = 14)

Diagram 1 shows that the knowledge of the supervising nurse before implementation is at a value of 50 to 80, with an average value of 65.71. This shows that the supervisory nurse's knowledge is still not good in guiding during the orientation period. The value after a series of implementations, where the value ranges between 70 to 100, with an average value of 87.86. This shows that there is an increase in the level of knowledge before and after activities.

The interview evaluation showed that the new nurse assessed both the supervision and bedside teaching activities because the new nurse felt supported and could ask directly about what to do. In another evaluation, some new nurses were worried if assistance was carried out for assessment. This provides an evaluation of the need to explain the objectives of supervision not only to assess but also to provide guidance, direction, and motivation. The supervisor nurse provides input to add items for making reports on the results of supervision and bedside teaching for the supervisor nurse as evidence of documentation of guidance activities. The evaluation is used as input to improve the SOP. Things that still need to be improved from the observation results are the ability of the supervising nurses to do bedside teaching, evaluate and give encouragement and appreciation to new nurses.

The follow-up plan at the "Action" stage is to propose a new nurse orientation policy that has been designed to the hospital director for a decision letter to be made. Another thing can also be done by implementing the process of socialization and guidance in other ward rooms, such as in the implementation room

4. DISCUSSION

The orientation period is the time to introduce new nurses to a new work environment so that they can carry out nursing practices safely [17]. Hutahean, S [10] that the apprenticeship process was carried out for six months and three days of orientation and was carried out for all new nurses, both those who had just graduated and those who had an experience. The orientation program must provide the required information about hospital rules of practice, work operating standards, standards of practice, regulations, and policies that have been established [11]. This is used as a reference for holding a new nurse orientation period with various materials regarding the introduction of hospitals, staffing regulations, infection prevention, and control programs, quality assurance, patient safety, and career paths. The orientation program also provides the opportunity to assess the competence of new nurses to match the competencies needed in the hospital [16]. This provides the opportunity for new nurses to be placed in various orientation areas that allow the expected competencies to be achieved.

According to the [11], the appropriate orientation areas to be used as a place for orientation for new nurses are maternity, child, surgery, and internal medicine wards. These four areas were chosen because nurses can explore various actions to evaluate their basic nursing competences. This is the basis of consideration for the hospital to agree to use these four areas as areas for the orientation of the new nurse. With the hope that the orientation period that is passed in the ward area will

provide great benefits for the advancement of the competence of new nurses.

During one year of working in a new place, a nurse needs support in carrying out her duties, namely knowledge support, good guidance, a supportive environment, and reinforcement in the form of rewards and not just pressure [3]. New nurses who are considered not yet independent can also be supported by independence through a mentoring program, where [15] said that the mentoring program affects the application of patient safety culture. This support is facilitated by the supervising nurses and senior nurses so that new nurses can learn many things.

The initial stage that the supervisor nurse can do is to examine the personal characteristics of the new nurse. This is because personal characteristics, environment, and the choice of a nurse as a career can be factors that influence the perception of new nurses towards the pastoral period [2]. This initial stage is necessary to build a trusting relationship so that new nurses can adapt well and achieve the targeted competencies.

The competencies to be achieved during the orientation period are reflected in the needs of new nurses which include strengthening of knowledge, skills, and self-readiness to work together in teams [4]. Orientation by emphasizing these three competencies is also known as competency-based orientation, wherein [20] states that competency-based orientation (critical, technical, and interpersonal thinking) is related to the performance of new nurses. Thus, the orientation of the new nurses in the hospital emphasizes these three competencies. Competencies contained in 12 basic competencies are described cognitively, skills, and attitudes that are described in the guidebook.

Guidebooks and SPO are socialized to all supervisor nurses. Socialization can facilitate the process of communication and exchange of information, especially the use of modern media allows nurses to reduce confusion and stress [14]. Socialization of manuals and SOP are needed so that supervisory nurses have a better understanding and reduce confusion about how the steps and SPO are carried out to guide and assess the competence of new nurses.

Competency assessment and guidance for new nurses can be done through supervision activities. Supervision is the implementation of one of the actuating functions as an effort to provide guidance, direction, motivation, and assessment. Clinical supervision is considered capable of improving skills and compliance with procedures so that it has an impact on more optimal services, such as reducing the risk of falling for patients [6]. This needs to be done properly by the supervisor nurse so that the skills of new nurses can be improved. Apart from skills support, emotional support is also

needed by new nurses. Emotional support can be provided through supervision activities. Supervision can help nurses understand emotions, self, and behavior so that they can reduce the burnout rate [5]. Good emotional skills and conditions will affect the work performance of new nurses.

Clinical supervision supports the work performance of nurses so that it needs to be optimized with good planning [12]. One of the efforts to plan supervision is to create a new nurse supervision SOP in the room. After discussions and demonstrations were carried out according to the SPO, the supervision activities by the supervisor nurse showed a good chance. The supervisor looks confident in conducting supervision, supervision is scheduled and planned, there is a delivery of the objectives of supervision and joint evaluation to provide feedback on the actions that have been taken. This is a good achievement, for that it is necessary to be supervised by the head of the nursing room and field to keep it running optimally. [6] revealed that supervision is an activity that has a very positive influence on the work performance of nurses, therefore efforts to supervise supervision activities must be carried out regularly so that supervision is carried out continuously in the wardroom. The existence of supervisor notes regarding guidance activities in the guidebook can be used as a medium for monitoring and controlling the implementation of these guidance activities.

Another thing that can be done by supervising nurses in supervision activities is competency evaluation. The competence of the new nurse is also evaluated independently by the new nurse. This can be seen in the self-evaluation table which provides opportunities for new nurses to assess themselves. [18] states that self-evaluation sheets are needed so that the assessment of the competence of new nurses is more objective.

In addition to supervision, guidance activities can also be made to use bedside teaching for new nurses who have just graduated or new nurses with unskilled skills. New nurses who do not have good skills and self-confidence in taking action on patients are given guidance with bedside teaching. [9] states that bedside is a good learning method for new nurses by providing direction, feedback, and motivation. This can increase the understanding, skills, and confidence of the new nurse. Bedside activities are also considered effective in teaching things that nurses find difficult [19]. This can be done by the supervisor nurse to guide actions that have not been mastered by the new nurse. The benefits of bedside teaching activities are to provide increased skills and a sense of responsibility for actions, thereby reducing the number of errors in action and effectiveness in using hospital equipment [7]. Based on this, the supervisor nurse needs to provide guidance using bedside teaching to new nurses.

The ability of the supervisor nurse in conducting bedside teaching still needs to be improved. The supervisor nurse still seems not confident when doing bedside teaching by teaching directly to the patient, the supervisor nurse also does not explore cases with the proper theory. This is an evaluation of the need for continuing education, both in the form of training and further education to improve the competence of supervisory nurses. Doing side teaching activities repeatedly is also necessary so that the supervisory nurse is more trained and more confident.

Good changes are seen in the benefits of the orientation period manual, the new nurse has an overview of the orientation flow, competency achievements, and guidance notes. This needs to be evaluated regularly and given feedback to improve the manual so that it remains in accordance with the standards at the time of use. In accordance with the statement [18] which states that one of the things that need to be considered in optimizing orientation management is implementing a feedback mechanism. This is necessary to evaluate and provide input to improve the new nurse orientation system.

Another thing that shows a good increase is the level of knowledge of the supervisor nurse about the orientation period and the guidance method. This shows that the implementation carried out is considered effective in increasing the knowledge of the supervisor nurse. High knowledge also indicates that the supervisory nurse has better self-readiness in providing guidance. The existence of the number 70 in the measurement of knowledge after the activity is carried out shows that there are still supervisory nurses who need to be improved again in discussions and demonstrations regarding guidance activities so that the level of knowledge becomes better.

5. CONCLUSION

Optimizing the orientation period is needed by preparing the various tools needed, such as a manual for the orientation period for new nurses and the SPO. Another thing that can be pursued is to prepare supervisory nurses in guiding guidance to new nurses through discussion and demonstration activities. The implementation of the program using a reforming agent with a pilot study approach using PDCA was considered effective and gave good results, namely the formation of a guidebook that was able to describe the implementation of the orientation program, the competencies to be achieved and the process of evaluating new nurses. Small group discussions, socialization, and demonstration of the application of SOP regarding supervision and bedside teaching were also able to increase the supervisor's understanding of the orientation period and their role in guiding new nurses. This can provide potential that supports the orientation program to run more optimally.

6. SUGGESTION

Improving the quality of nursing human resources to support the quality of hospital services requires the optimization of the new nurse orientation period. Guidelines and SPO that have been made need to be submitted by the hospital director to make a decision letter. This is important so that the equipment that has been made in the form of a manual for the orientation period and the SPO can become a legal instrument to become the basis for implementing the orientation period for new nurses uniformly in the hospital. Supervision and control of the nursing manager are needed to ensure that the guidance goes well and the orientation period runs optimally according to the guidelines and the SPO.

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