

# Nursing Health Services Research Unit

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the University of Toronto  
Faculty of Nursing and  
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School of Nursing

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## Nursing Health Services Research Unit McMaster University & University of Toronto

### Fact Sheet:

### A Literature Review of Orientation Programs for New Nursing Graduates

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This fact sheet is based on: *A Literature Review of Orientation Programs for New Nursing Graduates*, a project commissioned by the Ontario Ministry of Health and Long-term Care. The full report is available on the Nursing Health Services Research Unit web site [www.nhsru.com](http://www.nhsru.com)

**Background:** Effective orientations in health care organizations are vital to the successful integration of new graduate nurses (NGNs) into practice. Based on review of the nursing literature from 1992 to present, little has been written on the topic of orientation practices and no standard has been developed to date. This project required the development of a working group, a review of the literature related to the orientation of new graduates, a review of a sample of grey literature (including organizational websites), a survey of a sample of key stakeholders from all health care sectors, and a symposium to talk to key stakeholders about a proposed draft minimum standard.

#### Findings from the literature:

**Orientation-** All papers identified the need for structured support for NGNs to facilitate clinical competence (Fey et al.2000), promote socialization (Ardoin et al. 2006) ease psychological stress and increase satisfaction (Meyer & Meyer 2000). The first three months of employment, for a NGN, are critical in acquiring clinical skills and determining commitment to the profession (Butler, 2005). Five elements facilitate the entry of the NGN into the workplace: a reassuring welcome, structured support from a preceptor, training, and supervisors with tools to measure progress and clinical competence and program evaluation (Lavoie Tremblay et al., 2002).

**Organizing structure:** Numerous authors identified Benner 's (1984) stages of professional growth from novice to expert as an organizing structure for the NGN orientation program as new graduates need explicit direction to integrate new knowledge, master new clinical skills, and change their thinking processes (Waddell et al.1999; Butler 2003; O'Malley Floyd et al. 2005). Rashotte and Thomas (2002) advocate an orientation reflecting novice to expert integrated with adult learning, reflective practice and transformative learning theories. The orientation process must be restructured to maximize resources and focus on quality outcomes using a critical pathway model focusing on skill acquisition, social learning, and the NGN as an adult learner (Goodman, 1997).

**Preceptors:** Careful selection and preparation of preceptors is considered crucial to the success of the orientation (Fey & Miltner 2000; Gurney 2002; Marcum & West et al. 2004). A formal preceptor development program is necessary where the preceptor learns the basic principles of adult education (Balcajn et al., 1997; Revis et al. 1996; Ragsdale 2005). Every effort should be made to match the learning style of the NGN with the teaching approach of the preceptor (Everhart & Slate, 2004). Preceptors must be encouraged to verbally explain to the novice nurse their thought processes and critical thinking related to their actions so that learning can occur (Gurney, 2002). It is important that there is a continuity of preceptors (Almada et al. 2004) with one to two preceptors for each orientee working the same 8-hour shift (Cavanagh & Huse 2004; Nolan & Murphy, 2006). The novice nurse should have a

gradual increase in overall responsibilities while the preceptor gradually pulls back while continuing to provide guidance through regular evaluations.

*Length of Orientation:* Orientation programs vary from 8 weeks to a year in order for the new graduates to acquire technical and critical thinking skills, to use resources effectively, and to become socially integrated. Thomason (2006) reported on an American survey of seven geographical areas where the orientation time for NGNs has a range of 12-26 weeks for intensive care that includes classroom time of 10 days, computer based instruction, preceptors, formalized mentors, resulting in average retention of 83%.

**Recommendations:** New graduate orientation should include several key components:

**Length of Orientation:** It is generally recommended that orientation for NGNs is 12 weeks in length for general medical surgical areas and extended up to 26 weeks in specialized areas. This period is inclusive of a minimum of 3 to 6 days of general orientation to the organization.

**Component 1: Responsibilities of the Organization**

- The organization must create a welcoming, supportive environment for the new graduate.
- Orientation should combine a variety of teaching strategies and delivery methods to educate on new graduate and clinical competencies.
- The orientation should be based on a recognized adult learning model.
- The organization must clearly define the roles of the preceptor, new graduate preceptee, and orientation leader. Terms such as preceptor and mentor must be clearly defined as these terms are used in different ways by different organizations.
- The orientation must meet human resource requirements, accreditation standards, organizational policies and requirements.
- The organization must provide support to the new graduate and it must continue beyond the orientation period with different models of mentorship and leadership being adapted to each organization's environment.

**Component 2: Preceptorship**

- The term preceptor must be clearly defined by the organization to alleviate confusion for the new graduate.
- Preceptors should be selected based on the following criteria: maturity, excellent clinical skills, use of evidenced-based practice in decision-making, engaged in reflective practice, provides a professional role model, desires to teach, has a knowledge of adult education and teaching principles, completion of a preceptor course/workshop, and ability to provide feedback to the NGN and orientation leader.
- Preceptors should have a minimum one-day training session provided by the organization based on recognized preceptor curriculum such as Registered Nurses Association of Ontario (RNAO), Canadian Nurses Association (CNA), College of Nurses of Ontario (CNO), or university prepared guidelines.

**Component 3: Orientation Leader Responsibilities**

- The orientation leader must offer support, resources, and training to preceptors.
- The orientation leader is responsible for developing the orientation criteria.
- Orientation leaders should be sensitive to the potential for information overload in the new graduate nurse and adjust the curriculum as necessary.

**Component 4: Evaluation**

- It is recommended that a learning plan be developed by the NGN and preceptor with input from the orientation leader, and that it be used to monitor and evaluate the NGNs progress.
- It is recommended that regular and ongoing (as determined by the organization) evaluation of the new graduate, preceptor, and preceptorship program occurs from the perspectives of the NGN, preceptor, and orientation leader.
- Data collected from all sources in the clinical area, including the organizational cost of orientation, should be reported to the organization.
- Evaluation of the new graduate should be built upon CNO standards.

