

NEW BRUNSWICK

Development of a Web-Based Orientation Program and Enhancing Senior Nurses' Mentoring Skills

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Abstract

This project to help new nurse recruits integrate into the hospital work environment had two components: the development of a new web-based orientation tool in French for new recruits and mentor training for more experienced nurses. The aim of the first component was to redesign delivery of the nursing orientation program by assessing individual needs of new recruits and developing “just in time” information sessions with online access and e-learning modules. The second component aimed to develop a voluntary mentorship training program for senior nurses that offered training on the role and responsibility of mentors.

A total of 30 orientation modules were created as resources that could be adapted to the needs of each nursing unit and accessed online. Sixty nurse recruits used the programs. A mentor training program was developed, and 28 nurses were trained as mentors. The mentorship literature and guides, produced in French, will be a valuable resource for francophone nurses across Canada.

Background

Research shows the importance of supporting new nurse recruits during their transition to the workplace (Greene and Puetzer 2002, Cowin and Duchscher

2006, Duchscher 2011). Starting a career, or a new position, can be a very stressful and critical time. Depending on their experiences, nurses may move from one unit or facility to another, or even leave the profession entirely.

In New Brunswick, Canada's only officially bilingual province, services must be offered in both official languages. Before this project, the nursing orientation program at the Dr. Georges-L.-Dumont University Hospital Centre consisted of two weeks of classroom training and at least two weeks on a unit in a supernumerary position (i.e., a position over and above staffing requirements). One mentor was available to all new recruits.

To help new recruits better integrate into the work environment, this project had two components: the development of a new web-based orientation tool in French for new recruits and, to provide additional help, mentor training for more senior nurses – an initiative with the added benefit of acknowledging and valuing the knowledge and expertise of experienced nurses.

Objectives

The project aimed to redesign how the nursing orientation program is delivered by assessing the individual needs of new recruits and developing “just in time” information sessions with online access and e-learning modules. Just-in-time learning systems are defined as systems to “deliver training to workers when and where they need it. Rather than sitting through hours of traditional classroom training, users can tap into Web-based tutorials, and other tools to zero in on just the information they need to solve problems, perform specific tasks or quickly update their skills” (Sambataro 2000). Online access to orientation modules meets the demands of the new generation of nurses who are, in general, computer-savvy and familiar with e-learning. It was anticipated that the new program would increase participants' retention of orientation information and better prepare newly employed nurses for their patient assignments. As well, making orientation available online removes the need to wait for classroom orientation cycles; nurses can be hired and start orientation immediately.

Another goal was to better prepare senior nurses for the training of new recruits and improve the overall quality of work life. To that end, the project aimed to develop a voluntary mentorship training program for senior nurses that provides training on the role and responsibility of mentors.

Additionally, the tools created by the project will be portable and thus easily shared among health facilities, and the entire project will contribute to

evidence-based research on mentoring models and the integration of new recruits into the work environment. Finally, the project would evaluate the satisfaction of new recruits, mentors and staff with the new orientation program.

Overview: Design and Planning

The Nursing Administration and Education departments of the Vitalité Health Network – Zone 1¹ worked in collaboration with the Université de Moncton and GTA (Groupe des technologies de l'apprentissage) for the duration of the project. A half-time (2.5 days/week) project coordinator was allocated, as well as an administrative assistant for the equivalent of one day per week. The communication plan for the project consisted mainly of informing managers through e-mails as well as sharing information in management and education meetings.

The project evaluation occurred through discussion forums with new nurses, mentors and members of the *Research to Action* steering committee at the beginning of the project, at mid-point and at the project's conclusion. As well, new nurses, mentors and a group of target nurses from the nursing units were surveyed at the beginning and end of the project.

Two subcommittees were created, namely, a web subcommittee for the development of the web-based orientation program and a second subcommittee to oversee the development of the mentorship program.

Implementation and Challenges

Creation of web-based orientation program

The GTA experts in instructional design met many times with each of the content experts to adapt the existing orientation information to a web-based format and to design each orientation module. Two super-users (training consultants) from the Education Department were trained to identify the pedagogical support that would be needed by the online users. Access to modules was provided to new nurses, mentors, clinical resource nurses, clinical nurse specialists and nursing unit managers.

With the advent of the online orientation tools, the orientation schedule was modified so that users could complete modules at home and at a convenient time.

New recruits were given information sessions to introduce them to online access and the e-learning modules. The needs of new recruits were assessed and, based on individual learning requirements, they were assigned orientation modules. Upon completion of the modules, a certificate was issued. Access to the web-

based modules was available at the workplace and off site. Nurses taking the online courses were paid as if they were in the classroom. The online modules were made available progressively.

The web subcommittee held meetings to identify the steps needed to ensure the sustainability of the project – in particular, the transfer of content, and ways to update it and ensure continuous quality improvement.

Challenges

In fall 2009, the H1N1 influenza pandemic hit the Moncton area hard and slowed down activities associated with the instructional design of the orientation modules. Development of the orientation modules was also hampered by the fact that this was a new venture for the Vitalité Health Network, which lacked experts on instructional design and e-learning. For the same reason, the content experts lacked knowledge about the web design process.

Given the number of parties involved in the project, more regular meetings and more consistent communication would have improved adherence to work plans and deadlines.

As well, the first group of new nurses to use the online modules faced technical difficulties. Some did not have computers at home, and often home and work computers did not have the necessary Java software to run the modules. There weren't enough computers available at the hospital to allow learners to complete the online orientation. It would have been beneficial to have laptop computers available for the new incoming nurses.

Content editing that should have started after the instructional design of the modules was instead done at the end of the project by the translation services of the Vitalité Health Network.

Enhancing senior nurses' mentoring skills

A subcommittee was created to be responsible for content, presentation and revision of the mentor training. Five members from that committee – one senior nurse, one nurse with mentorship experience, the mentorship program coordinator, one professor from the Université de Moncton and the research project coordinator – comprised the training team. The team conducted three-day mentorship training sessions: two in December 2009, one in April–May 2010 and one in November 2010. The mentors had access to the online orientation given to the new recruits they were mentoring. Support was offered to the

mentors in the form of follow-ups by the mentorship program coordinator, the involvement of managers in the pairing of mentor and new recruit, sharing among mentors within the unit and emails. As well, there were discussion forums during the mentorship training and another in May 2010.

Challenges

The H1N1 influenza in fall 2009 and the pressures on staffing that it created made it difficult to replace nurses who wanted time off work to receive mentorship training. The mentorship training was originally planned to be five days long, but had to be reviewed and modified to be given in three days in order to make training more accessible to nurses during periods when it was difficult to replace them at work. In the post-orientation period, work schedules sometimes made it difficult for mentors to meet with their protégés. Mentors would have preferred a reduced patient workload at the start of the mentoring, to be increased gradually as the protégé adapted to the unit.

Outcomes

A total of 30 orientation modules were created as resources that can be adapted to the needs of each nursing unit and accessed online. This new approach to orientation is more efficient than the more traditional classroom model – new recruits don't need to wait for the hospital's next orientation cycle, and nurses can also go back to the modules as a reference source. This web-based approach to orientation meets the needs of the new generation of nurses and was received positively by them. Sixty recruits used the programs over the life of the project.

Mentorship literature and guides were produced in French. The French materials serve as a valuable resource for francophone nurses across the country.

A mentor training program was developed, and 28 nurses were trained as mentors during a three-day workshop. The workshop was offered four times over the life of the project. Some of those nurse mentors showed leadership qualities and, as a result, shifted into new positions in the hospital sector. Mentors mentioned their desire to have more opportunities for professional development.

Both the online orientation program and the mentorship program are being extended to licensed practical nurses.

Lessons Learned

- It would have been better to hire the project coordinator on a full-time, rather than a part-time, basis.

- The provision of replacement personnel would have enabled more nurses to participate in the mentorship workshops and discussion forums. Both mentors and protégés mentioned the difficulty they had finding time to meet, especially if they worked different shifts. Having more trained mentors in each unit would go a long way towards improving the situation.
- The project would have benefited from more communication at various levels and stages. More debriefing sessions for unit managers to describe and explain the two components of the project would have helped their understanding; the importance to the project of their support and collaboration could have been stressed. The mentors would have benefited from more meetings and discussion forums to give them support and advice, and to share tools.
- Editing of the modules should have been part of the agreement from the start.

Sustainability and Transferability

The mentorship training continued throughout 2011, and in spring 2011 it was offered to licensed practical nurses. Discussions are taking place regionally about establishing a uniform mentorship training with the possibility of adapting the number of days of training according to the resources available.

The heads of the education departments from other health zones in the province have expressed interest in the orientation modules. A work group is examining the possibility of creating an infrastructure to allow contents to be shared.

The evaluation results from the project will contribute to research on orientation and mentorship programs and could help inform future endeavours.

The content of the online orientation modules and of the mentorship training can be applied in other health establishments in the province and elsewhere.

Notes

1. Vitalité Health Network – Zone 1 includes the city of Moncton and the surrounding area. There are four zones in this network and two health networks in the province.

References

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