If nurses receive a thorough orientation to their new surroundings, they are more likely to be successful in a unit, but most importantly, they are more likely to stay at the job.

Nursing Orientation: Strategies for Designing Exciting and Effective Programs provides practical tips for streamlining orientation and enhancing its effectiveness as well as sample curricula, handouts, and checklists that you can adapt to your organization.

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Orientation is so much a part of staff development practice that it is difficult to believe that the process as we know it today has been in existence for only a few decades. How was the need for orientation first recognized? How do changes in healthcare provision influence the orientation process?

**Early days**

Florence Nightingale established training schools for nurses in the mid-1800s for the purpose of improving the efficiency of patient care delivery in hospitals. She advocated that nurses embark on a journey of lifelong learning and use acquired knowledge and skills to improve patient care.\(^1\)

These early schools of nursing were affiliated with hospitals. Nurses learned the art and science of nursing on patient units, and the hospitals were staffed primarily by students of nursing. Upon graduation, most nurses left the hospital setting and earned their living as private duty nurses in private practice.

Because the majority of care was provided by nursing students and few professional nurses were hired by the hospital, orientation was not a high priority.

However, all of that changed with the Great Depression of the 1930s. The number of people able to afford the services of private duty nurses decreased dramatically, and, for the first time, large numbers of graduate nurses sought work in the hospital setting. This shift in practice setting triggered the need for a variety of staff development services\(^1\).
Chapter One

Newly hired nurses needed to be oriented to hospital routines, policies, procedures, and equipment. They also needed to learn to function as team members who were responsible for large numbers of patients, rather than as nurses in private practice, who seldom cared for more than one patient at a time. Orientation and inservice were generally provided by charge nurses, and on-the-job training was the rule rather than the exception.

Changes continued to take place rapidly in the healthcare arena. During both world wars, professional nurses left the hospital setting in large numbers to enter the armed forces, and the numbers of non-professional staff increased to ease the effect of the departing nurses. This increased the need for orientation, continuing education and training for all healthcare providers.

Emergence of staff development departments

However, it was not until 1953 that the Joint Commission for the Improvement of Care of the Patient proposed that a department devoted to the training and continuing education of nursing department employees be established (1). Orientation was a top priority of training and education departments, with members of such departments assuming the primary responsibility for the orientation of new employees, including precepting their clinical work.

In 1978, the Joint Commission on Accreditation of Hospitals mandated that a position to oversee and coordinate staff development activities be established in its affiliated hospitals (1). Training and continuing education (staff development) were becoming legitimate nursing specialties.

Throughout the final decades of the 20th century, rapid advances in technology and the prevention, recognition, and treatment of disease and injury made continuing education and training a vital necessity. Adequate orientation to an organization and job responsibilities assumed even greater importance, and accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) established standards for the provision of new employee orientation. Eventually, these standards included mandates that employees assuming new roles also receive orientation, whether new to the organization or not. Further, the skills and knowledge required for various nursing specialties made it impossible for staff development specialists to provide all facets of orientation, and the preceptor role evolved.
The evolution of orientation

Changing role of the staff development department

As the need for education and training expanded, so did the responsibilities of the staff development department and its staff members. The “nursing staff development department” grew in scope and practice in many organizations to include responsibilities for all employees, not just for those in the department of nursing. These responsibilities included some facets of orientation, such as mandatory training and customer service education. The titles “nursing staff development department” or “nursing education department” changed to “professional development department,” “organizational development department,” or “education department,” thus reflecting the changes in authority and responsibilities. Managers of such departments assumed titles such as Director of Education or Vice-President for Education.

Periodic shortages of qualified healthcare professionals, combined with the ever-changing knowledge and skill base required of such professionals, triggered ongoing orientation concerns. The need for faster and more efficient orientation programs surfaced and continues to plague staff development specialists. “Orientation-on-demand” became the expectation of managers and administrators alike. Expectations of the orientees changed as well, and they continue to change.

For the first time in history, four different generations are represented simultaneously in the workplace. Younger employees expect flexibility in their work schedules (including education offerings) and are comfortable using computer technology to meet their learning needs. Some employees prefer to learn in solitude, while others need the camaraderie and team-building approach of face-to-face learning. Compound these differences with basic variations in learning styles (e.g., visual, auditory, kinesthetic), and the staff development specialist faces a multitude of challenges that, at times, seem insurmountable.

However, despite these considerable challenges, it is an exciting time for staff development specialists. We are recognized by many as essential to the organization’s ability to hire and retain qualified professionals and as vital to the provision of quality patient care.
Chapter One

Reference

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