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Exploring the Sensemaking of Orientation Plans for New Workers in a Health Care Ward

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Abstract

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The purpose of this study was to explore the sensemaking of orientation plans for new workers in a healthcare ward. The study was conducted in a public healthcare ward. The ward provides many healthcare services, but most patients stay as an in-patient to receive care. The study explored the current orientation plans being used at the ward by examining the perceptions and experiences of eight staff nurses; as well as co-sensing the efficiency and effectiveness of the plans after the orientation has been carried out.

The study aimed to determine whether the healthcare ward needs new orientation plans for new nurses or if the old ones need to be updated, and how effective the current plans are. This study used the intervention method of Collaborative Story Craft to find common ground for deciding what needs to be developed about the orientation plans. The method is used to gather and inspect data through thematic analysis, subsequently leading workers toward common goals or organizational changes through metaphors and stories that relate to all the participants.

The collective workshop, which is a part of the research method, showed that a significant factor that affects orientation is the amount of experience the one providing the orientation has. The difference in work experiences affected how workers felt about the orientation plan and how they carried it out. Furthermore, participants' expectations for how the orientation needed to be carried out were met with a need for more resources from the management side, resources that were not available, and that led to difficulties in the work environment.

Keywords: Orientation, Onboarding, Shortage of nurses, Nurses, Collaborative Story Craft

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1 Introduction

The Finnish healthcare system prides itself as one of the best healthcare providers compared to other European countries. However, in recent years, the healthcare system in Finland started facing many challenges. One of the many challenges the healthcare system faces is a lack of nurses, which is also a global issue affecting many other countries. In fact, according to the International Council of Nurses, this problem has become the greatest threat to all healthcare systems in the world (ICN 2022).

The shortage of nurses has a direct impact on healthcare systems, particularly in terms of training and orienting new nurses. Training new nurses requires the time and effort of experienced nurses in the workplace. When the number of nurses is insufficient, it tends to significantly hinder the orientation provided. This is because taking care of one's responsibilities during a workday and training new nurses will either decrease the quality of the healthcare service provided to patients or result in the new worker not receiving a proper orientation and training.

The purpose of this study was to explore and develop the orientation plans for new workers in a Finnish healthcare ward. The study was conducted in a public healthcare ward. The ward provides many healthcare services, but most patients stay as an in-patient to receive care. The study explored the current orientation plans being used at the ward by examining the feelings and experiences of eight staff nurses, as well as co-sensing the efficiency and effectiveness of the plans after the orientation has been carried out.

2 Purpose aims and objectives.

The purpose of this study was to explore and collectively make sense of the orientation plans by employing the Collaborative Story Craft research intervention method. The study assessed the thoughts and perceptions of eight nurses concerning the present orientation plan in the healthcare ward. All eight nurses have either trained a new nurse or have undergone training from an experienced nurse at some point.

The aim was to apply the Collaborative Story Craft (Cleland Silva & Fonseca Silva 2022) intervention method to determine how the nurses carried out the orientation for new nurses. The research identified common themes and found similar orientation characteristics between participants to develop the orientation guidelines.

The study inspected the various information collected from the participants to gain a perspective on the nurses' perceptions, behaviors, and understanding of the orientation given to new nurses in the health care ward. Having a well-trained nurse who will stay in their position for a long time is an essential goal, and all workers in the ward need to collaborate to achieve it.

The study's main goal was to solve some of the orientation problems that would negatively affect the work environment, as well as to get the perceptions of the workers and the management about locating resources to ensure that a good orientation is taking place in the ward.

The following are the research questions:

- How do the nurses make sense of the current orientation guidelines and plan?
- How can the current orientation plan be developed with identified needs by the nurses?

3 Literature

3.1 Healthcare challenges

Healthcare challenges have become more complicated and widespread across the globe. The recent COVID-19 pandemic has only worsened the issues faced by healthcare systems worldwide, revealing its shortcomings. As populations age and factors like globalization, rapid climate change, and severe shortage of healthcare professionals, healthcare systems face more challenges now than ever.

3.1.1 Challenges that face healthcare globally

Life expectancy increased with the thriving of medical interventions, new inventions, and technologies. The number of people aged 60 or above is estimated to be 34 percent higher this decade compared to the decade before (WHO 2023). Aging increases the chances of individuals simultaneously having two or three chronic health issues. Those chances increase further if individuals have obesity, low income, and low education. Multi-health issues lead to the use of more than one medication at the same time, causing adverse drug reactions. Using more than one medication comes with more challenges, including adverse effects that could alter the quality of life, difficulty adhering to the treatment, use of correct medication dosage, and unexpected interaction between other medications or food substances. (Laprise 2023.)

Globalization refers to the fact that many movements are happening in the population. International migration is the primary route for globalization, and the reason for migration varies from wars and natural disasters to work, study, or reasons related to the environment (Migration Data Portal 2023). An excellent example of globalization is the recent Ukrainian conflict that affected neighbouring countries with almost 6 million refugees, an amount that is capable of putting any healthcare system under colossal pressure (Kitlope Baatz, et al. 2022).

It is very noticeable that the climate has changed in the past years from how often natural disasters occur to how severe and long they last. According to the Intergovernmental Panel on Climate Change, heat waves are becoming stronger, and on the opposite, cold waves are getting weaker. Climate change has numerous effects: meteorological (e.g., temperature, heat waves, humidity, precipitation, sunlight, wind,

air pressure), extreme weather (e.g., water-related floods, cyclones, hurricanes, drought), air quality (e.g., air pollution and wildfire smoke exposure), and some other like sanitary measures and access to drinking water. All these factors directly affect the population's health and bring more strains on healthcare systems. (Rocque, et al. 2021.)

A shortage of healthcare professionals poses a serious problem in the industry with severe consequences. According to the World Health Organization, there will be almost 10 million shortages of healthcare workers by the year 2030 (WHO 2023). While the reasons may vary, most experts agree on factors contributing to this issue. The aging population is rising, leading to an increased demand for healthcare services and putting pressure on the limited healthcare workforce. Additionally, unfavourable working conditions, hours, and low salaries often make the profession unattractive to individuals. Insufficient staffing or untrained staff have the potential to result in patient outcomes that could even be life-threatening. (Riely 2023.)

3.1.2 Healthcare challenges in Finland

The Finnish healthcare system prides itself on being one of the best healthcare systems in Scandinavia, if not the best in Europe. However, this was not the case in the last decade; many challenges arose and continue to affect the Finnish healthcare system. One significant challenge now is how crowded the public healthcare system has become due to many budget restrictions, resulting in long waiting queues and inequality among the population as those with better economic situations can use private healthcare that has no queues at all. (Ahola-Launonen 2016.)

Another problem facing the Finnish healthcare system is the cost of the services provided, as costs have increased and keep growing. In 2015, it was estimated that healthcare services used 9.6% of the Finnish gross domestic product, which is slightly above the EU average. Furthermore, government policies and plans to save money through budget cuts directly affect how much resources can be used in the public healthcare sector, thus altering the cost of services. (Couffinhal, et al. 2016.)

Increasing life expectancy is another factor that puts pressure on the healthcare system in Finland. Between 2000 and 2020, life expectancy in Finland rose by four years (82.2), almost 1.6 years more than the EU average (80.6) (European

Commission 2021). As mentioned earlier, life expectancy increases the chance of having one or more illnesses (Couffinhal et al 2016).

Another challenge is represented in the shortage of healthcare workers. Reportedly Finland needs 20,000 healthcare workers by the year 2030 (Employment ministry 2023). The nursing profession has the highest number of workers in healthcare systems. As a result, the shortage of healthcare workers in Finland is largely focused on nurses. Unfortunately, low income and complex work conditions have been identified as significant reasons for people not choosing a career in nursing. This information was gathered by the Finnish Union of Practical Nurses.

3.1.3 Shortage of nurses

Nurses make up the most considerable portion of the healthcare workforce, with almost 27 million nurses spread around the globe, making this considerable amount almost 50% of the healthcare workforce worldwide. Those big numbers also have a direct effect on the global shortage of healthcare workers as 50% of that shortage comes from nurses and midwives. Recently, The World Health Organization estimated that the world will need over 9 million nurses by the year 2030 to have sustainable health and well-being objectives. (WHO 2022.)

Many factors cause the shortage of nurses; as the population ages and life expectancy increases, it is reflected also in the age of nurses. Currently, one-third of nurses are over the age of 50, resulting in one-third of the nurses retiring within 10-15 years. Furthermore, this has a direct effect on nursing teachers as the training of new nurses through an aging or retiring workforce means fewer resources to be used when training new nurses, resulting in a decrease in nursing students and a reduction in the quality of the nursing study programs. (Haddad et al 2023.)

Furthermore, only some nurses who finish their school and graduate work in the healthcare field; some work for a short while and leave as the work is different than what they expected, and others leave due to heavy workloads and demanding work environments resulting in burnout. Other factors related to the above are making a family and having children, as many nurses take childcare leave, some return after a while, and some never return. (Gandi et al 2011.)

Nurses are the most prone to face violence and aggression in a healthcare environment, incivility that vary from verbal to sometimes physical. According to the World Health Organization, approximately 62% of healthcare workers have been in a situation where they need to deal with violence in the workplace. The most common form of abuse was verbal (58%), the following form comes as threats (33%) and sexual harassment (12%). Physical violence also has a share as 8% to 38% of healthcare workers suffer from physical harassment or abuse at some point during their work life. (WHO 2019.) Abuse of healthcare workers has been one of the factors that increase the shortage of nurses. Adding violence to an already challenging work environment only results in job dissatisfaction that leads to a decrease in the quality of healthcare services provided. (Abdollahzadeh et al. 2017.)

3.1.4 Shortage of nurses in Finland

Finland has a severe shortage of nurses, which is becoming a growing problem. Heavy workloads, poor work environments, and low salaries are some of the many factors leading to the shortage of nurses in Finland. The previous problems caused 25,000 healthcare workers (primarily nurses) to strike in 2022 demanding for significant improvements to work environments (ICN 2022).

According to a survey made in 2008, almost 26% of new Finnish nurses have thought of leaving the profession or acquiring a new one. This was attributed to burnout, lack of chances to advance in the career, weak professional commitment, work-family conflicts arising from demanding workloads or change in working shifts, and the low income associated with the profession. (Flinkman et al. 2008.)

Some countries, including Finland, are trying to address the nursing shortage by recruiting nurses from other countries. Sadly, this solution is not yet working in Finland's favour; according to a survey by the biggest union for nurses in Finland (Tehy) unveiled that the healthcare sector is not even ready to have nurses from outside Finland. The survey was responded to by 18,618 Tehy members, of whom 17,679 were nurses and 939 were casework managers. Only 16% of all respondents say that preparations have been made in their workplace to have employees with foreign backgrounds. Most respondents (60%) do not know if preparations have been made, and 23% indicate that there have been no preparations. All the above makes foreign nurses less likely to choose to come to Finland. (Tehy 2023.)

One another factor contributing to the shortage of nurses is that Finnish nurses are moving to neighbouring countries like Norway. Other countries offer better salaries and way more manageable workloads, which is very tempting for many Finnish nurses; for example, Norway pays nurses up to 28 euros per hour for nurses who have ten years of experience; in Finland, a nurse with ten years of experience will get only 15-18 euros per hour. (Östling 2022.)

The shortage of nurses is a severe problem, significantly affecting the healthcare system. Many hospitals in Finland have reduced bed capacities as there are not enough nurses to keep them running at total capacity. Waiting lists for patients waiting for care or diagnosis are getting longer, and preventive healthcare measures are not carried out properly anymore. Only time will show if immediate corrective measures are not taken where the Finnish healthcare system will be forced to do.

3.2 Orientation

3.2.1 New worker orientation definition and purpose

Orientation for new workers is a program or set of programs mainly concerned with giving the new worker the necessary skills for most duties that new workers face during their workdays (Wanous and Reichers 2000). Orientation for new workers could be the deciding factor for a worker to stay in their work after the training. Research has found that four percent of new employees leave their work after one day of starting. The same percentage of workers need only thirty days to decide if the workplace has a welcoming and safe environment and if they have acquired enough skills to cope with their new position. Furthermore, almost forty percent of managers who are outsiders to the workplace declare their unsuccessfulness within eighteen months. (Wells 2005.)

New workers' first impression of the workplace starts from orientation, so it must be something they would enjoy. The orientation needs to be clear and very well planned for it to make new workers feel welcomed and spark a positive attitude from them right away. It has shown that employees perform better when they feel valued and can sense their role in the workplace. Once job satisfaction is archived, job performance improves, and workers' stress levels decrease. A thoughtfully planned training plan will improve the chances of any organization that workers will stay in their positions for a while rather than leaving shortly. (Lawson 2015.)

Although orientation plans could be time and effort-costly, it is still something every organization should invest in. According to a report by Aberdeen Group, organizations with an ongoing orientation through the training stage got an increase in employee acquisition by 54 percent and 50 percent improved retention amongst new hires (Lombardi 2011).

3.2.2 What a modern new worker orientation should look like?

According to Lawson, orientation is an old event that needs to be upgraded. The upgrade should come as a process called "onboarding". Lawson's definition of onboarding is the following: "Onboarding, which is also known as organizational socialization, is the process through which new hires acquire the knowledge, skills, attitudes, and behaviours that will ensure their success in an organization" (Lawson 2015: introduction). *Onboarding* is a developed and structured program that puts the orientation of new employees as the primary focus. Orientation could be a one-time or limited number of events where onboarding is an ongoing process. See figure one for what a good onboarding program should include. (Lawson 2015.)

Checklist for a Successful Onboarding Program
<input type="checkbox"/> Involve all stakeholders in the onboarding process.
<input type="checkbox"/> Use a blended approach to new employee orientation.
<input type="checkbox"/> Get executives, human resources, managers, and other employees involved in both planning and presentation.
<input type="checkbox"/> Develop a formal written plan and share it with all stakeholders.
<input type="checkbox"/> Incorporate active learning methods.
<input type="checkbox"/> Make the orientation program informative, memorable, and fun.
<input type="checkbox"/> Use technology as part of the onboarding process.
<input type="checkbox"/> Make sure onboarding is consistent in both structure and implementation.
<input type="checkbox"/> Prepare the employee's work area and provide necessary tools and resources well in advance of the first day.
<input type="checkbox"/> Use milestones and "check-ins" throughout the employee's first year to monitor progress.

Figure1. Elements of a Successful Onboarding Program by Lawson 2015

4 Implementation

4.1 Current orientation plans in the healthcare ward.

According to the research participants, the orientation plan is not very clear and is not very systematic. Orientation starts with the head nurse giving the new employee a department tour. The tour includes basics like where to find work clothes, the department's physical space, such as the medical room and examination room, and how to activate one's credentials to access the workplace network system.

The new worker is given working shifts for the next three weeks when they start. During the first weeks, the new worker is paired with one experienced nurse for some time, varying from one to three days up to a full three weeks. The experienced nurse shows the new worker how the work is done in the ward, such as taking care of patients, distributing medications, making doctor rounds, and more.

The orientation document is also given to the new worker, which has 31 pages and includes various information and guides that a new worker needs to learn. After the appointed time with a pair, the new worker is expected to carry out most ward duties by themselves or semi-assisted by other workers.

4.2 Worker's expectations of the orientation

Research participants expressed their concerns that new employees need a good, practical, systematic orientation that can be revised or measured. The current orientation plan dramatically depends on the one giving it, depending on how much work experience they have at the ward and how good of a trainer they are.

Many new workers have complained that the amount of time given for the orientation was not enough. Some have even left the department after not receiving sufficient training.

4.3 Method

The research method chosen in this study is a qualitative research study. Eight nurses were interviewed to gain a perspective on their perceptions, behaviours, and understanding of the orientation given to new nurses in the health care ward. Using the Collaborative Storytelling Method (Cleland Silva and Fonseca Silva 2022), collected data was analysed and processed through stories. Participants were interviewed in two rounds. The interviews were crafted into stories that were shared with each participant and validated in the second round of interviews. A collective story that included common themes and metaphors was crafted and presented to the participants in the final workshop.

4.4 Collaborative Storytelling

Collaborative Storytelling *“is a theory of social and cultural change which advocates for space and time to reflect on social identities and embodied, lived experiences through stories in relation to an activity”* (Cleland Silva and Fonseca Silva 2022: 1). Interactions between workers in a workplace are like an exchange of stories. Those stories can guide the worker through commonalities to achieve specific goals or objectives. When workers exchange stories, it's a chance for them to learn from the different stories. On the other hand, work-related issues, whether individual or organizational, can happen at any time. If the issues are not understood or dealt with, the results can be very costly in terms of finances and the wellbeing of the employees. (Cleland Silva and Fonseca Silva 2022: 55.)

4.4.1 Collaborative Story Craft phases

The researcher who conducts the Collaborative Story Craft method at the workplace is called a Story Mediator. The participants in Collaborative Story Craft are considered storytellers. The Mediator explains the process in simple terms, guiding the storytellers to a mindset that will take them to a metaphoric field. (Cleland Silva and Fonseca Silva 2022: 56.)

Collaborative Storytelling has a specific objective: to find common ground for the storytellers, a point where everyone can work together to achieve a common goal. A common story-finding process in a workplace will help clarify what everyone is doing

and make it easy for workers to relate to one another (Cleland Silva and Fonseca Silva 2022: 56.)

Collaborative Story Craft has four phases (Cleland Silva and Fonseca Silva 2019). In the first two phases, the storyteller has a one-on-one interview with the researcher who acts as a Story Mediator. The third phase is a workshop that includes the Story Mediator and all the participants from the workplace who worked as storytellers during the first two phases. Collaborative Story Craft requires two Story Mediators and any number of storytellers, with a max of 20 participants. The story script is revised and updated in the last phase, and a report is made. The method process and its order can be seen in the figure below (figure 2).

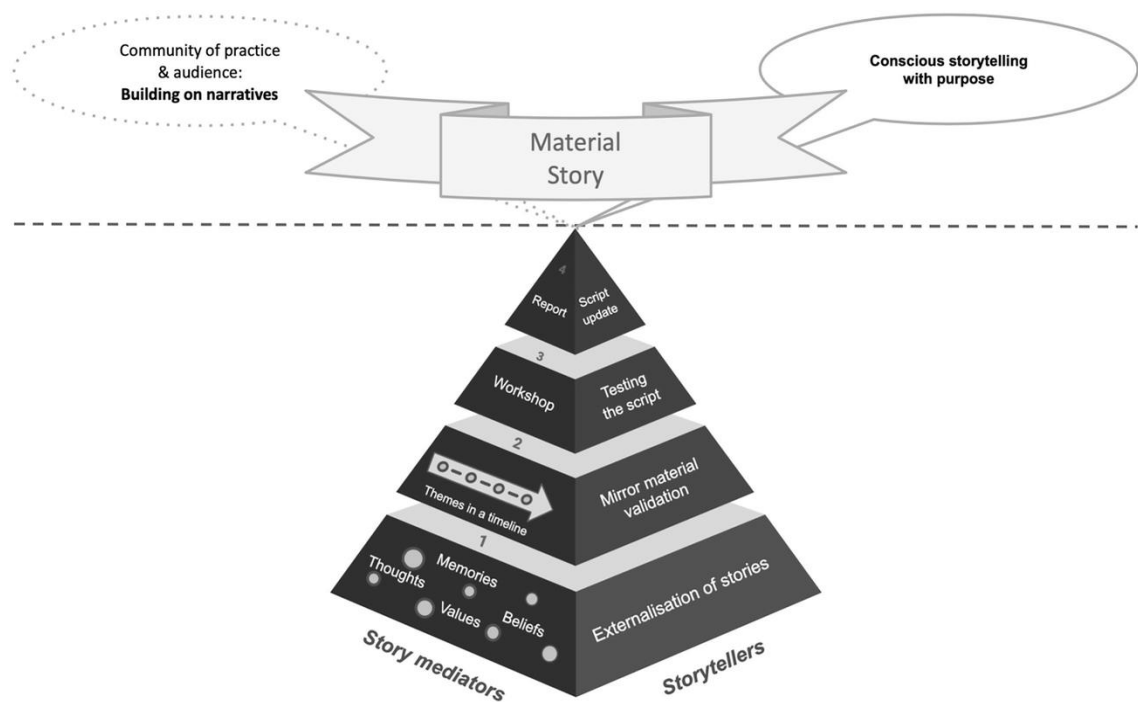


Figure 2. Collaborative Story Craft model (Cleland Silva & Fonseca Silva 2022: 57). Note: Fig. 2 represents what each role (Story Mediator or storyteller) should expect prior to the starting of the intervention. This two-dimensional model aims to represent the storytellers' perspectives as well as the Story Mediators' perspective of the same Collaborative Storytelling process. The horizontal line divides the phases of the process below as what we perceive as collaborative "story craft." (Cleland Silva & Fonseca Silva 2022: 57)

4.4.2 Collaborative Story Craft Method

Collaborative Story Craft starts by familiarising the workplace with the process, which follows a circular model (figure 3) that corresponds to the workplace goal that is intended to be achieved or the problem that needs to be solved (Cleland Silva & Fonseca Silva 2022: 58).

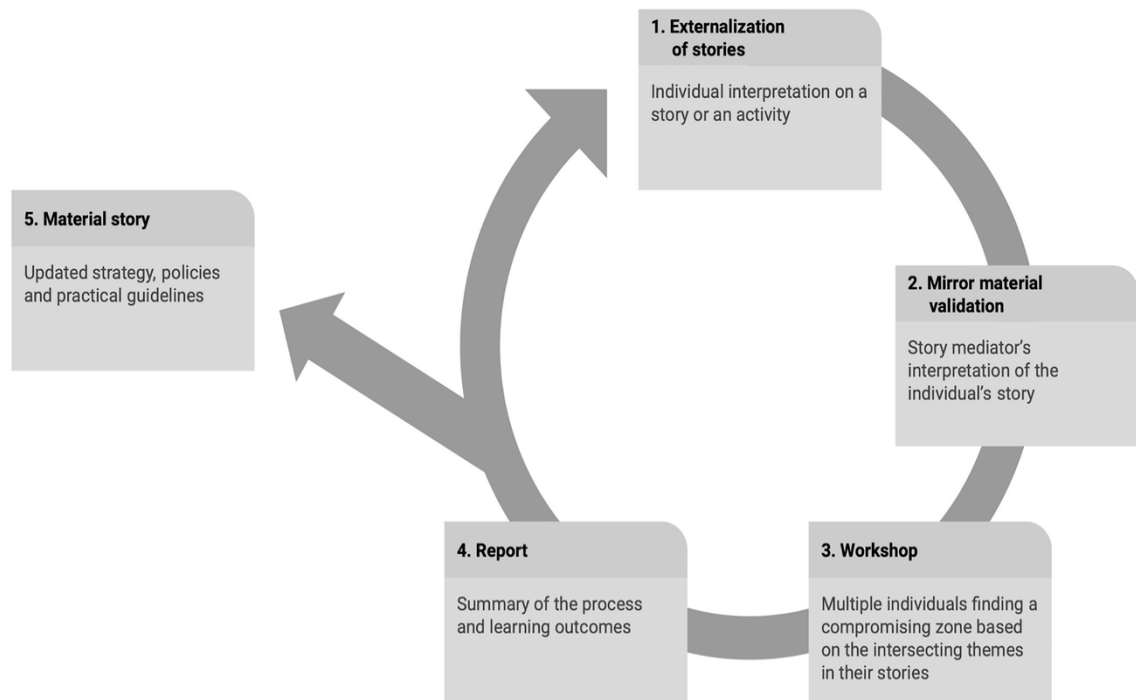


Figure 3: Cyclical model of Collaborative Storytelling during organisational change with the intervention method of Collaborative Story Craft (Cleland Silva and Fonseca Silva 2022: 59) Note: The circular model represents a cycle in the organisation's story as a whole. In order to make sense of the current cycle, everyone involved (Story Mediators and storytellers) will go through a four-step process that can lead to a fifth step (material story) or a brand new cycle of CSC with renewed ideas and an updated purpose. (Cleland Silva and Fonseca Silva 2022: 59)

4.4.3 Externalising Stories: Identifying Themes and Metaphors (collection of data)

This part is based on a one-on-one interview, which ensures the interview's mindset and atmosphere are safe. Storytellers are encouraged to share ideas, memories, and opinions verbally. This part does not need to be structured or make sense at this point. The Mediator must be ready to reassure the storyteller and guide them through the process. (Cleland Silva and Fonseca Silva 2022: 59.)

On the Story Mediator's part, notes are written, taking into consideration that not everything needs to be noted but things that resonate with the story or the goal that needs to be achieved. For example, themes that come up more often, metaphors, emotional triggers, or changes in feelings, are things that the Mediator should note (Cleland Silva & Fonseca Silva 2022: 59).

After the first interview, the main Story Mediator tells his own story about the encounter they just had with the storyteller (worker) to a second Mediator, which ensures that the main Mediator's notes make sense, this process is called "offloading" (Cleland Silva and Fonseca Silva 2022: 61).

Both Mediators then start forming a script from the exchanged ideas. The script is then shared with the storyteller, and it is also called mirror material. For example, the mirror material is presented in Word or PowerPoint formats (Cleland Silva and Fonseca Silva 2022: 61).

4.4.4 Structuring Themes and Validating Stories (analysing and validating the data)

This part starts with a second one-on-one interview. The main Mediator shares the data collected from the first part as a story with the storyteller. The storyteller gets to hear his own story through the Mediator's voice. Storytellers often are very interested to hear what their own story has become and how it was built; furthermore, when listening to their own story through someone else's voice, storytellers express many feelings, and they tend to either complement the story or try to correct it. (Cleland Silva and Fonseca Silva 2022: 61.)

After the interview, the mirror material is updated based on the second part. The mirror material (script) is then shared with the storyteller only, intending to become a personal script that can be used later in the collaborative storytelling workshop, and the chance to share that script with other storytellers (Cleland Silva and Fonseca Silva 2022: 62).

The validation interviews are conducted with every storyteller. Once the stories are validated and mirror materials are shared with the storytellers, the Mediators start to find connections between the different mirror materials. Common themes and metaphors are taken into special consideration as they will help create the workshop's

main idea and the things that need to be done in that workshop to serve the organization. (Cleland Silva and Fonseca Silva 2022: 62.)

4.4.5 Testing Scripts in a Workshop

The workshop usually lasts six hours and has three stages: Nurturing the roots, occupational well-being, and Metaphorical tourism that also includes drawing the destination as a way of sensing the change. The three stages aim to revisit the work that has been done in the past, currently being done, and the work that will be done later (Cleland Silva and Fonseca Silva 2022: 62).

A. Nurturing the Roots

The goal of the nurturing the roots stage is to find where the stories originated and how they developed from one storyteller's story to a story with links to the whole workplace. Further, nurturing the roots reflects on the individual stories to shed light on the current situation in the workplace before any changes. The workplace story affects all individual stories, and that effect is validated in nurturing the roots. Also, the individual stories are often the main blocks from which the collaboration toward change starts. (Cleland Silva and Fonseca Silva 2022: 62-63.)

As the authors of collaborative storytelling, Tricia Cleland and Paulo de Tarso Fonseca Silva state, "Ultimately, the meaning proposed by Nurturing the Roots leads back to people and their stories as individuals." (Cleland Silva and Fonseca Silva 2022: 63). The Story Mediators aid discussions and the exchange of stories to ensure enough time for everyone and that everyone has a turn. Table one shows that workshop offers Some guidelines to help the participants stay within the story's frame. (Cleland Silva and Fonseca Silva 2022: 63.)

Table 1. Guidelines that frame the type of stories that could be shared in that context and for that audience (*Cleland Silva and Fonseca Silva 2022: 63*)

Reflect and take notes on the following topics:

1. **Your early story:** background, personality, and interests
2. **The path you have taken until now:** choices, studies, career
3. **Your connection:** what brought you here and how your story relates to this work

During the Collaborative Story Craft workshop, participants will have time to read the guidelines and draft a short script that includes the key points they wish to convey. Drawing from their experiences in the Story Mediation sessions, storytellers can refer to their previously crafted scripts to choose content suitable for the workshop's context. Each participant will have an allocated slot to share their story, facilitating receiving direct feedback from peers. (*Cleland Silva and Fonseca Silva 2022: 63.*)

While refraining from sharing their narratives, participants are encouraged to engage actively as attentive listeners. This entails offering insightful and genuine feedback. Participants are asked to adhere to the guidelines in Table 2 to assist in this activity (*Cleland Silva and Fonseca Silva 2022: 63-64*).

Table 2. Guidelines (*Cleland Silva and Fonseca Silva 2022: 64*)

- How does your colleague's story relate to your story?
- What caught your attention in the story?
- Was there something significant that you didn't know about the person?

** Take notes and consider some words of encouragement.*

B. Occupational Well-Being as Part of a Holistic Story

The intersection of our bodies and social identities appears uniquely within work. Our social environments profoundly shape the communication and social construction of our physical and emotional needs, as well as our limitations. These influences extend beyond the workplace, impacting how we articulate and navigate these aspects of

ourselves both professionally and personally (Cleland Silva and Fonseca Silva 2022: 64).

Expressing physical and psychological needs within the workplace can pose challenges, often placing individuals in vulnerable positions. In preparation for the Collaborative Storytelling Activity, the Story Mediators introduce eight dimensions encompassing the wellness experience, as shown in Figure 4.



Figure 4 The wellness dimensions: eight areas of physical and psychological wellness (Cleland Silva and Fonseca Silva 2022: 65)

The storytellers are tasked with prioritizing these dimensions according to their lifestyle choices, ranking them from highest to lowest priority. Through ranking the wellness dimensions, storytellers not only articulate their values and beliefs regarding well-being but also reveal the narratives that have shaped their lifestyle choices. It has been shown that in previous workshops, storytellers have expressed why certain dimensions hold greater significance than others, offering profound insights into how individuals navigate their social and physical wellness journeys. This exploration also empowers storytellers to acknowledge their own capabilities within their professional roles. (Cleland Silva and Fonseca Silva 2022: 64-65.)

C. Metaphorical Tourism

Building upon the exchanges from "Nurturing the Roots," the Story Mediators introduce the concept of Metaphorical Tourism as a follow-up. This timing allows for an alternative interpretation of the story exchanges, enriching the dialogue and deepening the exploration of shared narratives. The unveiled narratives indicate that storytellers have gained insights into each other's experiences by sharing the stories they have carried throughout their personal journeys. Now, as they embark on a collective endeavour with a shared objective, the challenge arises in selecting both the destination they wish to reach and the narratives they believe will take them toward that goal. (Cleland Silva and Fonseca Silva 2022: 66-67.)

In the "metaphorical trip," the Story Mediators adopt the role of "tourist agents" while the storytellers prepare themselves for a shared journey toward an envisioned future destination. To exemplify this activity, a single piece of metaphorical luggage is suggested for the group's travel. Guided by the Story Mediators, participants engage in a story exchange to determine which narratives should be packed for the journey and which should be left behind to prevent unnecessary weight for the chosen destination. (Cleland Silva and Fonseca Silva 2022: 67.)

Collaboratively packing the luggage empowers participants to articulate their vision of the future collective destination for their work activities. They can express which material objects and expectations should accompany them on the journey. Through this process, innovative or reimagined tools and strategies for their work can emerge, influenced by interpretations of the metaphorical ideal destination, and enriched by the narratives shared in previous exchanges (Cleland Silva & Fonseca Silva 2022: 67).

The Story Mediator guides the discussion on packing the luggage by prompting storytellers to reflect on a set of questions (table 3) in relation to their work.

Table 3. Reflective questions (Cleland Silva and Fonseca Silva 2022: 68)

- What is your role at work and what do you need to fulfil that role?
- What is your destination/where do you want to get to?
- Who are you travelling with?
- How should the responsibilities be divided?
- The map: what type of rules and guidelines should be put into place?
- What type of tools or resources do you need?
- Who is part of your community? Think about the landscape that surrounds the journey.

By facilitating the process of packing the luggage, the Story Mediator assists the group in identifying common ground among disagreements, aiming to reach a potential "compromising zone." The story Mediators document this compromise through consensus within the group and identify areas for further development. Subsequently, this document is presented to the group as a new narrative, symbolizing the collective journey undertaken throughout the Collaborative Storytelling. (Cleland Silva and Fonseca Silva 2022: 68.)

D. Drawing the destination as a way of sensing the change.

The storytellers engage in a collaborative drawing activity to craft a shared metaphor for the ideal destination. Equipped with blank sheets of paper and coloured pencils, the Story Mediators instruct them to draw an image representing this destination, positioning themselves alongside their work as one team. Participants gather in a circle to facilitate this exercise, fostering a sense of unity and shared purpose as they collectively visualize and articulate their vision for the future (Cleland Silva & Fonseca Silva 2022: 70).

As the storytellers begin interpreting their understanding through drawing, they are asked to pass their unfinished creations to the person next to them to continue the interpretation. Each storyteller is tasked with adding their own interpretation to someone else's drawing. This request (pass their unfinished creations) surprises the storytellers and highlights the need for a flexible mindset, emphasizing that craftsmanship should be adaptable to unpredictability. By passing the drawings around,

everyone has the opportunity to contribute to making the same creation as one group (Cleland Silva and Fonseca Silva 2022: 70).

While verbal communication is valuable for collective sensemaking, exploring alternative modes of expression, such as through art, can enrich imaginative possibilities and foster creative solutions. With a craft mindset at work, storytellers harness their senses to convey their interpretations of the future destination of their work, drawing from their imagination and embodied lived experiences. Through this holistic approach to expression, storytellers deepen their understanding of the common collective journey and envision innovative pathways forward (Cleland Silva and Fonseca Silva 2022: 71).

4.4.6 The Material Story: Updating Scripts and the Report

From the first engagement with the workplace to the final moments together in the workshop, the Story Mediator diligently takes detailed memos and notes at each process stage. Throughout this journey, they continually distil and interpret these observations. These interpretations are systematically transferred to another Story Mediator to ensure continuity and insight. This process facilitates seamless collaboration and ensures that the insights gained at each stage are effectively communicated and built upon throughout the intervention (Cleland Silva and Fonseca Silva 2022: 73).

In many regards, Collaborative Storytelling adopts an ethnographic approach to research. However, it evolved from an original practice that heavily relied on video and audio recordings of all sessions, followed by transcriptions. Traditional qualitative methods influenced this initial approach. However, in practice, storytellers provided feedback indicating that the recording process detracted from the intimacy of sharing with the Story Mediator (Cleland Silva and Fonseca Silva 2022: 73).

It is crucial to document the Collaborative Story Craft process to establish the legitimacy and reliability of the tools utilized and hold both the Story Mediators and the storytellers accountable (Cleland Silva and Fonseca Silva 2022: 74).

In addition, the documentation records the problematic areas and the potential areas that require improvement identified during the workshop. This adds another level of

validation to the process. It ensures that decision-makers and other contributors to organizational change can hold themselves accountable as they move forward towards a common goal (Cleland Silva and Fonseca Silva 2022: 74).

4.5 Work community where CSC implemented.

The Collaborative Story Craft (CSC) intervention was implemented in a public healthcare ward that provides a wide range of healthcare services in the year 2022. The majority of patients who receive care at this ward are admitted as inpatients. The ward is staffed with a variety of healthcare professionals, including doctors, nurses, physiotherapists, and others. The capacity of the is 25-35 beds, but when CSC was introduced, it was operating at 25 beds due to a shortage of nurses and has been for some time now.

The healthcare center comprises various departments, such as doctor clinics, maternity clinics, children's clinics, dental care clinics, laboratory services, and others, with the ward being one of them. The healthcare center was funded and managed by the municipality through board of directors.

4.5.1 Community of practice

Eight nurses participated in the study, with experience ranging from two to thirty years. They had all worked in the healthcare ward where CSC was implemented for varying periods of time. Some of the nurses had worked in the same ward throughout their entire careers, while others had worked in different places before.

The head nurse is responsible for overseeing the ward and its staff, which includes nurses, practical nurses, physiotherapists, secretaries, and the facility maintenance crew. All the head nurses in the healthcare center are managed by one matron who is also a member of the municipality's board of directors.

4.5.2 Agreeing on the research subject and method from the ward.

In 2022, the researcher had an in-person meeting with the head nurse to discuss the research. During the meeting, the researcher explained the research methodology and inquired about potential subjects on the ward that could be explored using this method. The head nurse suggested a subject for the research, explained the need for it, and also agreed to provide the nurses with the necessary time off for their participation in the Collaborative Story Craft process.

The researcher and the company work together to prepare a master's Thesis Agreement for Metropolia University of Applied Sciences (Appendices 1). This agreement is then carefully reviewed, adapted to suit the specific research objectives, and signed by all parties involved in February 2022 before the research phase begins. It is important to note that the agreement specifies that the company's identity will be kept anonymous throughout the research process.

The next step involved contacting all the nurses in the ward and offering them the opportunity to participate in the study. This was done by visiting each nurse individually and having a short interview during their work shifts. The study was explained in detail during these visits, including the methodology used. It was also confirmed that the study would be conducted with full accountability and confidentiality. The nurses were informed that they could withdraw from the study anytime. Once the participants agreed to join the study, they were given a written consent form (Appendix 2) to read and sign.

Eight nurses agreed to participate in the study. Once they signed the consent form, the date and time for the first round of interviews were immediately agreed upon. The head nurse was informed of the interview times. The second round of interviews took place within two to three weeks of the first interview. Finally, the workshop took place almost three months after the last interview was conducted.

4.5.3 Data collected.

Two types of data were used in this study. Most of the data came from the eight participants' interviews, while the rest came from documents related to the health care ward. Interviews were conducted using the Collaborative Story Craft method (Cleland Silva & Fonseca Silva 2022), and the documents used pertained to the healthcare ward's orientation plan for new nurses.

Data collection was conducted between February 2022 and April 2022.

4.5.4 Externalization of data

Two interviews were conducted with each participant, lasting between 50 and 90 minutes. The first and second interviews were separated by a gap of one to two weeks, which was determined by the nurse's work schedule.

The interview sessions were carefully planned and scheduled in the same way to ensure consistency in the interview process. All interviews were conducted in the healthcare ward, which provided a uniform environment free from external interruptions. Notes were also taken during the interviews, and an audio recording was used.

All participants were given clear explanations of the research method and provided with sufficient time and space to ask questions. Additionally, they were given identical simple instructions for the interviews. Furthermore, the research utilized open-ended questions to assist in guiding the interview process. The following were the questions used:

- Why did you choose to become a nurse?
- What does being a nurse mean to you?
- Where else have you worked before?
- How did you end up working at Akseli?

- What does the word "orientation" mean to you?
- Can you describe your first day working as a nurse?
- What was your orientation process like?
- How did the orientation process affect your first year of work?
- Why do you think orientation is important?
- Do you know about our department's orientation plan? How do you feel about it, and why?
- If you had the power to decide how orientation should be conducted, how would you do it? Can you elaborate?
- If you were to receive orientation, what would your expectations be?

To be noted, not all questions here were used as most of the time the storyteller's interaction contained answers to them.

4.5.5 Process of validating the data (validating the mirror data)

After each interview, the researcher reviewed notes and recordings and used the extracted data to create an individual story for each participant. The individual stories were turned into text and put into a Word document. Interactions that conveyed emotions, metaphors, and triggers were given more consideration. Each participant received their individual story via email to read and comprehend before the second round of interviews.

In the second round of interviews (mirror material validation), meetings were scheduled within one to two weeks. The researcher printed the Word document on paper beforehand. Each interview for the mirror material validation required 30 to 50 min.

Furthermore, during the second interview, storytellers heard their story for the first time through the researcher's voice. Interactions and feelings during this process were noted, and then the researcher and participant discussed the story together. Two out of the eight participants asked for updates or corrections to the story, while the other six felt that the story accurately captured their initial story accurately.

Six of the participants confirmed that their stories were valid without any changes. They were then asked to send an email stating that the researcher's stories were valid. After the second interview, the other two participants were sent updated stories and asked to confirm their validity after reading them by email. All eight validated stories were used as the main mirror material during the workshop.

4.5.6 Structuring themes and finding common metaphors

The researcher read and highlighted common occurrences and similarities between the eight participants' individual validated stories. Then, common themes and metaphors were recorded, and one story was created that included all eight participants' validated stories.

Once the common story is built and themes and metaphors are found, the research prepares for the workshop, which should ideally include all participants at once.

4.5.7 The workshop

Due to difficulties organizing the work shifts in the health care centre, the workshop was divided into two groups, with one-week intervals between them. The first group attended the workshop in May 2022, followed by the second group one week later. Both groups had four participants. The workshop was based on the Collaborative Story Craft method (Cleland Silva and Fonseca Silva 2022) and followed its instructions.

The researcher utilized PowerPoint slides to facilitate the workshop. The slides contained a brief explanation of Collaborative Story Crafting and the workshop's purpose. Additionally, they included the story that unites all stories, a story-sharing and active listening activity, commonalities among workers, common themes, metaphors that describe the orientation, a metaphorical trip, a drawing activity, and finally, concrete results and commonalities about the orientation.

5 Results (the workshop outcomes)

The workshop began with the researcher briefly explaining the Collaborative Story Craft method and the workshop the participants would be participating in. During the session, participants were allowed to share their own validated stories with others if they chose to do so. After all the stories were shared, participants were allocated time to engage in discussions regarding the issues that emerged from the stories they just heard.

During the meeting, the participants discussed their motivations for choosing nursing as a career, why they decided to work at their current healthcare ward, and how they perceived their role in the workplace. Everyone shared their love for the nursing profession and the joy they get from it. They all agreed that despite the healthcare ward's challenges, it is still an excellent workplace.

The discussions gradually shifted toward the current problems faced by the healthcare ward, such as the shortage of nurses and resources and how to retain new nurses who join the ward. During the warm and open discussion, it became apparent that the nurses shared similar views and were concerned about the challenges at hand.

After the discussion, the researcher shared the common story created from the other eight stories, highlighting its recurring themes. Three themes emerged from all eight stories:

"What does orientation mean, and how does it affect the ward?" how does it feel to you?

"The orientation plan is unclear" I am not sure I know what to do.

"Work experience affects orientation." Does it have an effect?

Evidently, the participants were not surprised by the common themes discussed, indicating that these topics had been previously addressed. The participants felt that a change needed to be implemented in the current orientation plans at the ward. The change subject led to an unexpected turn in the discussion, where participants felt that

providing orientation for new nurses should be a group effort and not the responsibility of a single nurse.

The researcher introduced two frequently mentioned metaphors during interviews with participants and opened the discussion around them. The two metaphors were:

- Orientation is as complex as many layer cakes, and one cannot just digest it by himself or do it at once.
- Blowing on coal together as a group to keep the fire going.

During the workshop's next phase, the participants engaged in a "metaphorical tourism" activity using the Collaborative Story Craft method. The researcher instructed everyone to imagine a shared destination and to pack a suitcase with all the necessary tools for the trip.

Participants chose the destination where all new nurses receive good orientation, which positively impacts their decision to stay longer in the healthcare ward. By arranging the necessary tools for the trip in order of importance, the participants felt they had acquired all the necessary tools for the journey.

After the destination was decided and the tools were chosen, participants moved to the next part of the workshop: collectively drawing that destination. The researcher provided one piece of paper and colouring crayons. Each participant was given one minute to start the drawing and then pass it to the next person sitting next to them until the drawing had completed a full circle. Participants used their senses to communicate their interpretation of the future based on their imagination and lived experiences.

Interestingly, both groups drew very similar pictures and had the same interpretation of the elements in the drawing. The drawings included:

- Sun that represented warmth and a welcoming environment,
- Tree as something that needs care and attention to grow strong roots to survive on its own,
- Group of people working or relaxing together, resembling teamwork
- A boat or airplane as a tool to take the participants to their desired destination together.

Finally, participants had an open discussion about the workshop and plans regarding work in the healthcare ward. Briefly, those are the results that were discussed at the end of the workshop:

- The current ward orientation plan is not clear.
- There is a need for a tool to make the orientation more systematic and easier to follow.
- Good orientation is the key to having good workers.
- Good orientation is the biggest reason someone wants to stay and work for a more extended period in the ward.
- Learning the ward's daily routines is essential in training new nurses and should be priority number one.
- The orientation needs a specific period; suggestions were from two to three weeks.
- After the orientation, there needs to be some feedback system to evaluate how the orientation went.
- The role of other professionals in the ward needs to be explained to the new workers.
- Ensure a welcoming environment for the new workers, treat them respectfully, and take good care of them. It is imperative to work as a group to achieve that.
- Management to allocate more resources to successfully carry out an efficient orientation.

6 Discussion

6.1 Summary of results

The main focus of this study was to evaluate the quality of orientation provided to new nurses in a healthcare ward. The shortage of nurses significantly impacts healthcare in Finland, so the study aimed to explore if the orientation provided to new nurses contributed to the shortage in that particular healthcare ward using the Collaborative Story Craft method.

The study investigated the impressions and opinions of eight nurses regarding the orientation program for new nurses in the healthcare unit. Furthermore, it focused on

the challenges that engulf the current orientation and ways to deal with them. In addition, research highlighted the link between poor orientation and nurse shortage through the experience of one healthcare ward.

All participants were intrigued by orientation, interviews, and the Collaborative Story Craft method. Participants provided honest feedback throughout the process.

To address the research objectives, the study utilized participants' personal experiences regarding orientation for new nurses in their workplaces. The data gathered from interviews and the workshop shed light on the need for a change regarding the current orientation plans.

The purpose of the interviews was to gather the participants' opinions regarding the orientation they provide in their healthcare ward and their general feelings about their work. All participants expressed gratitude towards their profession and enjoyed working in the healthcare ward. However, they expressed concerns regarding the future of the workplace, especially with the current situation in Finland and the shortage of nurses.

All participants felt that it is very tedious to recruit new nurses constantly and go through the orientation over and over again. Reflecting on the last recruits, most participants felt that new nurses did not get an equal orientation due to the lack of resources or because the orientation plan was unclear. Most nurses rely on their experience training the new recruits rather than following any orientation plan.

During orientation, some participants reported that some new nurses had left the ward, either during or shortly after the orientation. This subject was brought to management's attention, but the answer was that more resources were needed to investigate the issue or do something about it. Instead, they continued to hire more recruits and spent resources on that process, and this felt like an endless loop for the workers at the ward that they had to face daily.

The Collaborative Storytelling method used in this study helped understand the participants' problems and feelings regarding orientation and provided some helpful implementation suggestions that could help resolve the issue. However, the healthcare ward's management needs to allocate resources to work on the orientation plan for new nurses to implement the implementations and take them into use.

New and current nurses have reported negative experiences during orientation, which directly affect their work. Given this, to solve the shortage of nurses in the healthcare ward and avoid exacerbating the problem, it is essential to ensure a supportive and safe work environment for both new and current nurses.

6.2 Strengths and limitations.

The study sheds light on various factors related to orientation in the healthcare ward. It explored eight nurses' experiences and feelings about orientation and the issues that resulted from it. In Finland, a shortage of nurses affects all healthcare systems. However, this study has revealed that how orientation is conducted could contribute to reducing the nursing shortage or at least not make the issue worse. The findings of this study could also be applied to other healthcare units to improve their orientation, thus helping to retain nurses for more extended periods.

The study's limitations come from the fact that it did not include any of the management personnel or any of the new nurses who had just received an orientation at the healthcare ward. Although the number of participants was eight nurses, that did not cover all the nurses in the ward, and the study did not include any practical nurses, who form almost a third of the nurses in the ward.

For future research, more studies should be conducted across different healthcare units to learn about the effects of orientation and its relation to the shortage of nurses in Finland.

6.3 Data Protection

The recordings, notes, and transcriptions obtained from the interviews conducted during the research have been archived and protected in accordance with general data protection regulations (GDPR). All data will be stored and archived for a period of 5 years while ensuring the protection and privacy of the eight nurses' personal indicators.

The research and the healthcare ward collaborated closely and extensively to ensure the study was conducted with utmost care and accuracy. The head nurse and participants were consulted at length to determine the best course of action for collecting and utilizing the data and ensuring its secure storage. These discussions

covered all aspects of the study, from its goals to the methods used, making sure that the research was conducted in a manner that was both ethical and beneficial to all parties involved.

No personal information, such as age, race, gender, or address, was collected or stored during this research. All data collected was explicitly related to the health care ward and the orientation for new employees currently being carried out in the ward.

The researcher collected and processed only the data that was agreed upon with the head nurse and participants. Additionally, the researcher ensured that the data collection and processing was done lawfully, fairly, and transparently while collecting only the necessary amount of data for the agreed purposes. Data processing was done in a secure and confidential manner, such as storing data in an encrypted location with limited access to only the researcher himself.

7 Conclusion

A global shortage of nurses is a pressing issue caused by various factors. One consequence of this shortage is that many nurses only stay in their workplace positions for a short period, and some even pursue completely different professions.

In Finland, nurses and midwives comprise the largest proportion of healthcare professionals. As mentioned in this study, the country will need an additional 30,000 nurses in the coming years. Therefore, it is crucial for healthcare providers to ensure that their employees have a safe and welcoming workplace environment and a comprehensive orientation program for new staff.

It is clear that inadequate orientation is a leading cause of new nurses leaving their jobs shortly after starting or completing orientation. When new nurses are not trained enough to complete their workday duties, their days become stressful, and they use more energy to cope with the workload. Furthermore, good orientation is vital to avoid costly mistakes while working, mistakes that could break equipment, or, in the worst-case scenario, mistakes that will harm patients or the new workers themselves.

Healthcare systems need to prioritize resource utilization more than ever before. Acquiring new nurses and conducting their orientation requires significant resources from different departments, such as human resources or the staff responsible for the orientation. Consequently, having to conduct orientation because nurses leave their positions repeatedly is costly as it depletes workers' resources and energy.

The shortage of nurses can be addressed and prevented from worsening by providing new nurses with the necessary support, resources, and orientation at the start of their work to improve retention. This research has shown that the healthcare ward is significantly affected by the shortage of nurses, and one main contributing factor is the need for proper orientation.

The following are some suggestions on how to improve orientation in the healthcare ward. These suggestions are based on the study's results and the theory presented in it. These implementations will enhance the clarity and effectiveness of the new nurse orientation plan. The recommended implementations are as follows:

1. Clear orientation plan with goals and objectives.
2. Measuring the time needed to carry out the orientation plan and implementing it for all the new nurses equally.
3. Most nurses in the ward should be included when making the new orientation plan, for example, during a collective workshop.
4. It would be helpful to have a checklist document that records the orientation phases of a new worker, allowing their progress to be monitored.
5. After the orientation is completed, it is recommended to have an evaluation session to reflect on the process and identify areas where the new worker may still need support.
6. New workers need a mentor or support system to seek advice if needed, even after the orientation is complete.
7. For the future, the transition from orientation to onboarding as orientation could be a one-time or limited number of events where onboarding is an ongoing process.

By providing these implementations and adequate resources, new nurses will feel more welcomed and valued. Furthermore, this demonstrates that the workplace cares about

the new workers and their orientation, consequently leading to more job satisfaction and more worker retention in the health care ward.

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Appendices

Appendix 1: Agreement for Master's Thesis



Agreement for Master's Thesis

1. Parties

Partner in co-operation (hereinafter "co-operating party")

Name of the co-operating party:

Address and Business ID:

Metropolia Ammattikorkeakoulu (hereinafter "Metropolia"), PL 4000, 00079 Metropolia; and

The students of Metropolia Ammattikorkeakoulu who are named in signature section of this agreement and have signed this agreement (hereinafter "student-s")

2. Term of This Agreement

Agreement shall enter into force from the last signature and shall be in effect from the beginning of the project to the end of the project.

Project start date:

Project end date:

3. Scope of the thesis

The subject matter of this agreement is a project, which is part of the studies and the topic originates from the co-operating party.

Name of the project:

The aim of the project is (define in detail how the project benefits the studies):

The following results will be achieved in the project (e.g. report, software program, game, presentation):

4. Execution and Timetable of the Thesis

The content of the project and timetable are described here and defined in more detail in appendix 1 (if needed):

5. Steering of the Thesis

On behalf of the co-operating party the project is supervised by

Name:

Position:

Name of the student project: Orientation guide for new employees in Akseli acute healthcare ward



On behalf of Metropolia the thesis is supervised by

Name:

Position:

The supervision provided by the co-operating party includes the following:

6. Results and User Rights

The following results will be provided to the co-operating party:

This agreement does not grant to the co-operating party any user rights of the intellectual property rights (e.g. patent, copy right, copyright of design) pertaining to the results provided to the co-operating party.

Co-operating party may use the results in its own activities as follows:

Metropolia has the right to use the results, provided to it, in its own activities which include teaching and research activities. The user right is non-exclusive, perpetual and includes the right to modify and to assign the results.

No compensation is paid user rights.

7. Costs

The co-operating party will compensate the following costs of Metropolia:

This project may not cause additional costs for Metropolia.

This agreement does not establish any employment between the student and Metropolia or the co-operating party.

8. Publication

Theses or other works with similar effects on studies shall be public documents and shall be delivered to Metropolia's library.

The co-operating party shall, in connection with dissemination of the results, announce that the results are made in a student project with Metropolia Ammattikorkeakoulu. The co-operating party shall announce the names of the students and supervisors who participated in the creation of the results in accordance with Finnish Copyright Act (Act No. 404, of July 8, 1961)

The name or any other symbol of Metropolia may not be used for commercial purposes without the written consent of Metropolia.

9. Liability

Student agrees to work for the set objectives of the project with the co-operating party. Student shall follow good scientific practice and the ethical guidelines of the subject field, under the supervision of Metropolia and the co-

Name of the student project: Orientation guide for new employees in Akseli acute healthcare ward



operating party. Student and Metropolia do not knowingly include into the results any material protected by intellectual rights of a third party (e.g. picture, computer program/code, text protected by copyright).

Results shall be delivered "as is". Student or Metropolia makes no warranties concerning the results and does not warrant their applicability for a particular purpose or intended use.

Metropolia is not liable for any damages caused by a student while executing the project. Student and/or Metropolia are not liable for indirect or consequential damages or losses caused to a party of this agreement. The liability of the student shall in all cases be limited to 1000 euro and the liability of Metropolia shall in all cases be limited to 5000 euro. Party is not liable for damage caused by another party to any third party.

10. Assignment and Termination of the Agreement and Force Majeure

The agreement may not be assigned to a third party without the consent of all parties. The agreement can be assigned and terminated only after the consent of all the parties who have signed this agreement.

A Student may withdraw from this agreement by a written notification to Metropolia and the co-operating party. Metropolia and the co-operating party shall agree if the project will be executed as planned or if project will be modified or terminated. Material changes to the project shall be agreed between all parties remaining in the project.

Project period can be extended if an event of force majeure results in a delay. As a force majeure event is considered e.g. war, insurrection, natural disaster, interruption in the general energy supply, fire, strike, embargo, material restriction imposed by the State on the activities of Metropolia or other equally significant and uncommon reason beyond a party's control.

Articles relating to liability and user rights shall remain in effect even though a party withdraws from the project or the agreement is assigned or terminated.

11. Settlement of Disputes

This agreement shall be construed and governed by the laws of Finland. Any disputes which cannot be resolved through negotiation shall be submitted to District Court of Helsinki for resolution unless otherwise agreed.

12. Signatures

This Agreement has been made in two originals, one for Metropolia and one for the co-operating party. The student signing this agreement may have a copy of this agreement by request.

Name of the co-operating party: Akseli akuuttiosasto

Signature: _____

Name:

Place and time:

Metropolia Ammattikorkeakoulu

Signature: _____

Name of the student project: Orientation guide for new employees in Akseli acute healthcare ward



Name: _____

Place and time: _____

Signature of the supervisor: _____

Name: _____

Place and time: _____

Signature of the student: _____

Name: _____

Student number: _____

Place and Time: _____

Signature of the student: _____

Name: _____

Student number: _____

Place and Time: _____

Signature of the student: _____

Name: _____

Student number: _____

Place and Time: _____

Appendix 2: Information sheet and Consent form .

PARTICIPANT INFORMATION SHEET

Study title: Exploring the sensemaking of orientation plans for new workers in a health care ward.

Invitation to participate in research study.

We would like to invite you to take part in our research study. The aim of the research is to explore and collectively make sense of the orientation plans by employing the Collaborative Story Craft research intervention method. The study will assess the thoughts and perceptions of eight nurses concerning the present orientation plan in the healthcare ward. All eight nurses have either trained a new nurse or have undergone training from an experienced nurse at some point.

This information sheet describes the study and Your role in it.

Before you decide, it is important that you understand why the research is being done and what it would involve for you. Please take time to read this information and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please do not hesitate to ask me or my study organization. After that we will ask you to sign a consent form to participate in the study.

Voluntary nature of participation

Participation in this study is entirely voluntary. You can withdraw from the study at any time without giving any reason and without there being any negative consequences. If you withdraw from the study or withdraw your consent, any data collected from you before the withdrawal can be included as part of the research data.

Purpose of the study

The ward is experiencing a shortage of nurses, which is a global issue. Together, we will review the current orientation plans of the ward to determine if they contribute to the problem or not. We will also assess the need to create new orientation plans or update the existing ones.

Who is organizing and funding the research?

A master's student from Metropolia University of Applied Sciences is conducting the research. The research will be supervised by Tricia Cleland Silva, a Metropolia University of Applied Sciences teacher/tutor. The research requires no funding.

What will the participation involve?

The research will take place between February 2022 and April 2022. Each participant will be interviewed individually in person during working hours as agreed on with the head nurse, there are 2 rounds of interviews that will be followed by a workshop. The interviews take about 30 minutes to 90 minutes, and the researcher will be asking open and semi-structured questions if needed to complete the interview, and the use of audio recordings will be used during the meetings. All audio recordings will be deleted permanently after the research is conducted. All other data will be saved and protected according to the general data protection regulations (GDPR).

Financial information

Participation in this study will require no cost from your side. You will receive no payment for your participation. All meetings will be conducted at the appropriate time suitable for the participants at their workplace and during work hours.

Termination of the study

The researcher(s) conducting the study can also terminate the study.

Further information

Further information related to the study can be requested from the researcher himself or the teacher supervising the research.

Contact details of the researchers

Researcher / Student

Name: Mus'b Ignaim

Tel. number: xxxxxxxx

Email: xxxxxx

Person in charge of the study / Supervisor

Name: Tricia Cleland Silva

Helsinki Metropolia University of Applied Sciences / Teacher

Tel. number: xxxxxxxxxxxx

Email: xxxxxxxxxxxx

PARTICIPANT CONSENT FORM

Title of the study: [insert title of the study]

Location of the study: Metropolia University of Applied Sciences, [insert name and the contact details of the researcher conducting the study. In case of Bachelor's, Master's or Doctoral Thesis, insert also the contact details of your supervisor]

I [name of the participant] have been invited to participate in the above research study. The purpose of the research is [provide a brief and simple to understand explanation of what you are hoping to achieve by the research]

I have read and understood the written participant information sheet. The information sheet has provided me sufficient information about above study, the purpose and execution of the study, about my rights as well as about the benefits and risks involved in it. I have had the opportunity to ask questions about the study and have had these answered satisfactorily.

I have had sufficient information of the collection, processing and transfer/disclosure of my personal data during the study and the Privacy Notice has been available.

I have not been pressurized or persuaded into participation.

I have had enough time to consider my participation in the study.

I understand that my participation is entirely voluntary and that I am free to withdraw my consent at any time, without giving any reason. I am aware that if I withdraw from the study or withdraw my consent, any data collected from me before my withdrawal can be included as part of the research data.

By signing this form I confirm that I voluntarily consent to participate in this study.

If the legal basis of processing personal data within this study is a consent granted by the data subject, by signing I grant the consent for process my personal data. I have right to withdraw the consent regarding processing of personal data as described in the Privacy Notice.

Date

Signature of Participant

The original consent signed by the participant and a copy of the participant information sheet will be kept in the records of the researcher. Participant information sheet, privacy notice and a copy of the signed consent will be given to the participant.