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# The Essentials of Orientation

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**The Essentials of orientation**  
A literature review for Kerava home care

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#### Abstract

This Bachelor's level thesis is a literature review commissioned by Kerava home care. The purpose of the thesis was to determine the essential factors of orientation within the context of home care with the aim of providing Kerava home care with evidence-based structure for orientation.

Data collection was accomplished during spring 2018 and the data was obtained mainly from four databases: CINAHL (EBSCOhost), Medic, Cochrane and PubMed. In addition, a manual search was used to find relating articles. The review is based on 12 academic articles with various study designs. Data search provided no results regarding orientation in the context of home care. Therefore, the results are based on data obtained in other fields of nursing.

An inductive content analysis was used to analyze the data. Seven key categories were identified as essential factors of orientation: specially developed orientation process, support and guidance, individualized approach, evaluation and development, innovative approach, comprehensiveness and resources. The categories are universal by nature and therefore can be considered either fully or partly applicable to home care environment as well.

Further research regarding orientation is needed from the perspective of home care -after all, it is an ever-growing field of nursing due to the ageing of the population, national policies and the patients' will to live in their own homes for as long as possible. Currently, home care organizations are facing high turnover rates and limited resources and strive to provide the more ill patients safe and effective care. In this combat, good quality orientation can be seen as an asset but also as a necessity.

Keywords: orientation, nursing, home care, new nurses, employee orientation

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Nursing staff turnover is an international healthcare concern (Hatler, Redding, Stoffers, Kelly and Carr 2017). A turnover rate of about 30-50% is experienced during the first few years of employment of new nurses because of various underlying reasons (Moore & Cagle 2012). There have been estimations that in Finland the shortage of healthcare staff could reach 18 000 by 2025 (Koponen 2015, 3) and similarly approximately 500,000 nurses in the USA (Bontrager, Hart & Mareno 2016; Auerbach, Buerhaus & Staiger 2007). This kind of trend will lead to significant challenges when providing care for patients. To combat this challenge, nursing administrations worldwide are striving to establish various strategies in order to retain their staff.

This thesis has been commissioned by Kerava home care to address the nursing staff turnover that has affected them -particularly over the previous year. At the moment Kerava home care has a lot of temporary staff and a significant need to develop the orientation process. Previously they obtained substitute staff through Kuntarekry-system but the system was replaced by Seuturekry this autumn. As a consequence, it is possible that the commissioner receives part-time employees who have not previously worked for them. This poses great pressure on successfully providing contemporary staff with essential work-related information to ensure safe and effective care. (Sinisalo 2018a.)

In order to deal with current challenges and prepare for future, Kerava home care intends to develop their orientation process. The initial step of this process is this thesis - a literature review which aims at finding out the essential components of orientation in the context of home care. The results of this research will provide Kerava home care with the evidence-based foundation, which will be integrated into their future orientation development process.

Besides the intention to fulfil the need of Kerava home care, thesis group members also share a personal interest in home care nursing and orientation. Future nurses will receive orientation and most likely also orientate new employees at some point in their career. Therefore, knowledge on the subject is part of being a nursing care professional. In addition, thesis group members regard to home care nursing development as an important and current topic since home care nursing continues to be a growing field. This is due to the continuous ageing of the Finnish population and Finnish Government's overall target to reduce institutional care and prioritize services provided at the customers' homes (Ministry of social affairs and health 2018; Valvira 2017, 5, 21). This target manifests itself for example in the Act on Supporting the Functional Capacity of the Older Population and on

Social and Health Services for Older Persons (2012) where it states that services provided at home should be prioritized.

## 2 Background

Finnish Government has several key projects for the forthcoming years, and one of them is connected to home care and informal care. The project aims at improving home care services for the elderly and enhancing informal care in all age groups. (Ministry of social affairs and health 2018.) Home care is also one of the social and welfare services, which are receiving special monitoring and supervision from the Finnish National Supervisory Authority for Welfare and Health during the year 2018. Special attention is targeted to areas, which have increased risk regarding customer and patient safety. In the case of home care, the increased risk is grounded on the fact that the work is often done alone in the customer's home and demands well-functioning co-operation between different operators (Valvira 2017). All of this underlines the relevance of choosing a thesis topic, which is connected to home care and its development.

Besides Finnish national interest in developing home care, several under- and postgraduate nursing theses have focused on the development of orientation within the home care context. For example, Haapamäki (2017) has created an orientation folder for Pori home care, Nykänen (2017) an orientation guide for Helsinki home care and Tikkala (2015) concentrated on updating orientation process in home care.

Halter et al. (2017) argued that the first few months until a year of new graduate nurses is considered as a crucial and very stressful phase of their career and practices during transition phase greatly impact the outcome. Other studies have shown that nurses' resigning from the job is higher during 6-12 months after being employed (Cheng, Tsai, Chang & Liou 2014; Marshburn, Engelke and Swanson 2009). Hence, various training programs have led for the betterment of clinical competence in nurses. Therefore, it can be said that measures that are taken in order to provide good orientation and ease the transitioning of the new nurse would provide optimum benefits both for the employees and the organization.

## 3 Key concepts

### 3.1 Homecare

Home care refers to home services, home nursing services and supportive services, which have been in Kerava as in most of the Finnish municipalities combined to form home care.

Home care services are regulated by several laws, including the Social Welfare Act and Health Care Act. The aim of home care services is to support the functional ability and health of the customers so that they could live safely and actively in their own home for as long as possible. (Ministry of social affairs and health 2018; Ikonen 2015, 15-22; City of Kerava 2017.)

Home care services are granted based on the need of the patient. They are intended for persons who are either temporary or permanently unable to independently perform activities of daily living or otherwise take care of their health for instance due to a somatic or mental illness, accident, ageing or disability. Municipalities can decide the terms on which they entitle the services for customers. Due to lack of resources services are often targeted to the elderly with multiple illnesses or to the otherwise long-term ill. (Ikonen 2015, 19; City of Kerava 2017.) This suggests that also the support offered is more extensive by nature. And indeed, in November 2016 close to a third of the 73 500 Finnish regular home care customers received 60 visits per month (Väyrynen & Kuronen 2017). In Kerava there were 248 home care customers in November 2017 and the majority of them were 75 years old or older (Väyrynen & Kuronen 2017).

### 3.2 Kerava homecare

At the moment Kerava home care has 59 different vacancies consisting of two managers, one doctor, six registered nurses, 44 practical nurses, five home aid personnel and one secretary. Nurses, practical nurses and home aid personnel are divided into four teams that are responsible for home care customers in their area. These four areas are E1, E2, P1 and P2. (Sinisalo 2018a; City of Kerava 2015.) The capital letters refer to the south (E=etelä) and north (P=pohjoinen) respectively. Besides these four teams, Kerava home care also has an additional team of intensified/rehabilitation focused home care nursing. Intensified home care team takes care of palliative care patients and patients who are new home care customers and come from the hospitals or specialized health care. (City of Kerava 2016.)

Kerava home care carries out primary nursing. The assigned primary nurse has the main responsibility for the overall care of the home care customer, including the maintenance of the care and service plans which are formulated together with the regular customers and takes into consideration their individuality and self-determination (City of Kerava 2015; 2017). Nursing procedures are based on rehabilitative and empowering approaches - the customers' resources are taken into consideration and they are encouraged to do as

much themselves as possible in order to support the existing functional ability and life management. (City of Kerava 2018.)

### 3.3 Homecare nursing

Home care nursing demands broad-spectrum understanding and knowledge of social- and health care services and nursing care, holistic approach and variety of skills from the nurse. The work is diverse, often carried out multi professionally and consists of promoting the customers' health and well-being and rehabilitation, preventing or curing illness, alleviating suffering and also managing daily and long-term processes, including planning, execution and evaluation of the nursing care. Along with clinical skills and understanding of healthcare procedures, skills related to reflection and development, interaction and communication, cooperation and ethics belong to the nurse's core competencies in the home care setting. Since home care nursing is characterized by home care visits as a typical working method, ability to ensure and promote occupational safety lays in the center as well. (Ikonen 2015, 161, 173-177.) Home care visits are mostly done alone and caring procedures often carried out in poor lighting conditions and narrow/crowded spaces. Therefore, the nurse's skills of prompt assessment and decision-making but also understanding of ergonomics and how to promote it are crucial. (Satakunnan sairaanhoitopiirin kehittämisosio 2016, 26-27.)

The strain and workload of home care staff have been growing. Due to Finnish national policies, caring for the elderly has been increasingly organized at the customers' homes instead of institutionalized care. The customers tend to be ill and less able regarding their functional ability. However, the ever-increasing demands have not been considered enough in the nurse-patient ratio or the allocated time resources. Home care staff has reported continuous feelings of inadequacy due to the contradiction between the reality and the desired quality of care. Since home care is greatly affected by nursing turnover, besides fulfilling their daily responsibilities under growing demands and pressure, permanent workers are continuously using extra effort in orienting new staff and ensuring patient safety. (Työsuojeluhallinto 2017; Satakunnan sairaanhoitopiirin kehittämisosio 2016, 2.)

### 3.4 Orientation

Orientation refers to all the measures taken in order to familiarize a new employee with the work, the working place and its customs and the expectations regarding the employee's work performance (Työturvallisuuskeskus 2018a). Based on the Occupational



Health and Safety Act (2002) every employee is entitled to orientation when they start a new job, their work tasks change or if for instance new equipment or working methods are introduced. Besides introducing the actual work, working conditions, methods and the equipment to be used, orientation should also encompass occupational health and safety procedures (Occupational Health and Safety Act 2002) since orientation serves as a crucial cornerstone for occupational safety (Työturvallisuuskeskus 2018b).

Numerous studies emphasize the importance of orientation in nursing practice from different perspectives. Orientation along with support from peers and supervisors plays an important role in the new nurse's organizational socialization process and intent of staying within the organization (Bae 2011) and effective orientation is actually a means to decrease nursing turnover (Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito and Harap 2009) and from other but greatly intertwined angle a way to increase new nurses job satisfaction (Unruh & Zhang 2014). The orientation type and variation in supervision can also affect the nurses' competence and level of confidence as Faraz (2016) states.

### 3.5 Orientation in Kerava homecare

Current orientation process in Kerava home care differs depending on the staff member's working contract -whether temporary or permanent. However, for all new employee's orientation starts with a shadowing experience in the field, preferably with the same, permanent staff member of the home care team. New temporary staff members are entitled to three accompanied shifts with another employee working in the home care team while permanent employees follow another staff member for five days. (Sinisalo 2018b.)

During the initial physical orientation days and related home care visits new employees are acquainted with the direct customer care and how nursing documentation is carried out in Hilkka, the documentation system which is at use in Kerava home care. Other common practical orientation topics include for instance guidelines/issues related to driving/cycling during work shifts and how cooperation between home care and different service partners such as the pharmacy or supermarket is executed. (Sinisalo 2018b.)

After the initial shadowing experience, the orientation continues more in-depth for the permanent staff members, later encompassing, for example, nursing and service plans, co-operation with the customer's relatives and supportive services. What it comes to resources, the orientee is not counted into the workforce during the shadowing experience. the number of staff resources in homecare varies sometimes daily, so the

exact hours of client work is hard to estimate. The orientee follows the preceptor's working hours during the orientation. (Sinisalo 2018b.)

#### 4 Purpose, aim and research question

The purpose of this study is to determine the essential factors of orientation within the context of home care

The aim of this study is to provide Kerava home care with evidence-based structure of orientation.

#### ***Research Question:***

What are the essential factors of orientation for new employees in the context of home care?

#### 5 Methods

The method of choice for this Bachelor's thesis is the literature review. This method was chosen because it suits well for forming a general view of a certain field of study (Suhonen, Axelin & Stolt 2016, 7), and can be used as the basis for evidence-based practice (Salmond & Holly 2012, 3). Both aspects are relevant regarding this thesis since the objective of this thesis was to find out the essential factors of orientation and provide Kerava home care with an evidence-based foundation for developing their orientation process in the future.

In this thesis, inductive content analysis was used as a means in organizing the obtained data. An inductive content analysis was chosen because it serves well the purpose of this thesis since it provides a systematic and objective pathway for data analysis and aims at forming a clear, concise and generalized description of the phenomenon in question (Tuomi & Sarajärvi 2018, 117, 122). The inductive approach also suits well for cases where there is a lack of previous knowledge regarding the phenomenon, or when the idea is fragmented (Elvi & Kyngäs 2007). During the data search, research on orientation within the homecare setting was found to be extremely limited. Hence, an inductive content analysis was considered to be the best approach for the data analysis.

## 5.1 Data collection

Data collection was accomplished during spring 2018. Data was searched mainly from four databases: CINAHL (Ebsco host), Medic, Cochrane and PubMed, since according to Lehtiö & Johansson (2016, 42) at least these four databases are recommended to be used during data collection associated with bachelor's thesis. CINAHL was the center of the attention during the data search since it is considered the most crucial database for nursing science related data searches (Lehtiö & Johansson 2016, 45). One thesis team member had the main responsibility for data search on CINAHL and Medic, the other on Cochrane and the third one on PubMed. In addition to the formal data collection, relating articles were searched manually by reviewing the references lists of the already identified articles. In the following table, we represent the original search words and inclusion/exclusion criteria that were initially used during the data collection.

Table 1: Original search words and inclusion and exclusion criteria

Original search words that were used in different combinations	Homecare, kotihoito, kotisairaanhoido, perehdyttäminen, orientation process, orientation model, orientation strategy, orientation program(me), employee orientation, employee orientation methods, new employees, home care nursing, home health care, home-based nursing care and home nursing care
Original inclusion criteria	<ul style="list-style-type: none"> <li>-Publication years 2010-2018</li> <li>-Peer-reviewed journals</li> <li>-Studies with an available abstract and free of charge access to the full text</li> <li>-Focus on orientation methods/effects of orientation in home care</li> <li>-Focus on new employees</li> <li>-Focus on registered nurses</li> </ul>
Original exclusion criteria	<ul style="list-style-type: none"> <li>-Articles published before 2010</li> <li>-Language other than Finnish, English or Swedish</li> <li>-Topics that fall outside the keywords</li> <li>-Not free of charge and access to full text</li> <li>-Focus on nursing students, head nurses or other professionals</li> </ul>

During the several preliminary data searches, it was soon found out that using home care as a search word and inclusion criteria provided extremely limited or irrelevant results regarding the research question and purpose and aim of the thesis. In fact, no relevant studies were found that would focus on both home care and orientation from the desired perspective. Publication year limitation starting from 2010 was also found to be too narrow. Therefore, the search word list was modified and publication year time limit was extended to 2007 in order to get more relevant and accurate data. Other areas of nursing than home care were included, as well as dissertations and recommendations. However, otherwise the chosen inclusion and exclusion criteria remained the same. The modified search provided more accurate results regarding the essentials of orientation for newly employed registered nurses. The final data search is represented in the table below.

Table 2: Final data search

Database	Search words	Limitations	Results (=number of articles)	Articles included based on heading	Articles included based on abstract and full text
CINAHL (Ebsco host)	Employee orientation methods AND nurs*	2007-2018 Full text	86	27	9
MEDIC	Perehdyt*	2007-2018 Väitöskirja, artikkeli kirjassa, alkuperäistutkimus, hoitosuositus, katsausartikkeli, väitöskatsaus full text	5	1	1
Cochrane	Orientation AND methods AND nursing	2007-2018 full text	21	1	1
Pubmed	Employee orientation methods AND nurse	2007-2018 Full text	44	0 (due to duplicates)	0 (due to duplicates)
Manual search	According to inclusion and exclusion criteria	2007-2018 full text		1	1

After excluding duplicates, articles included based on heading were evenly divided between the thesis team members for the initial examination of the abstracts and the full-text versions. Every thesis team member then read articles chosen based on the full-text version. Based on the full text, 11 articles and one additional dissertation that was found through manual search were included in the literature review, thus making 12 articles altogether.

The following table represents the overview of the included articles (n=12) in an order based on the publication time, starting from the newest one.

Table 3: Data overview

Title	Author(s), year & country	Study design/type of article	Main findings
Impact of interactive situated and simulated teaching (ISST) program on novice nursing practitioners' clinical competence, confidence, and stress	Chen, Chen, Lee, Chang & Yeh 2017 Taiwan	-Randomized study	The ISST program for novice nurse practitioners significantly improved their clinical competence
Orientation of immigrant nurses in elderly care - an action research in an elderly care center in the capital area of Finland	Hartikainen 2016 Finland	-Action research based Dissertation	Developing an orientation model with special attention given to orientation of immigrant nurses is imperative in order to ensure good and safe patient care
The comprehensive hospital orientation process in specialized health care settings - views of newly hired nurses and physicians	Peltokoski 2016 Finland	-Dissertation	Standardized comprehensive hospital orientation processes ensure evidence-based and quality care for the patients
Enhancing resilience among new nurses: feasibility and efficacy of a pilot intervention	Chesak, Bhagra, Schroeder, Foy, Cutshall & Sood	-Randomized controlled pilot study  -Analysis of integrating the Stress Management	SMART program within nurse orientation helps to decrease stress and anxiety and enhance

	2015 USA	and Resiliency Training (SMART) program into the nurse orientation program	mindfulness and resilience
Evaluation of work stress, turnover intention, work experience and satisfaction with preceptors of new graduate nurses using a 10-minute preceptor model	Hu, Chen, Chen, Shen, Lin & Chang 2015 Taiwan	-Repeated-measures design study with an intervention and a two-group comparison	The 10-minute interaction centered preceptor model that was developed during the study to be used during the first three months of orientation was found effective in reducing new nurses' turnover intention
Development of a complex orientation program for multidisciplinary training	Hemingway & Morrissey 2013 USA	-Multiphase educational initiative was developed along with orientation, technology training and multidisciplinary simulation.	With the successful implementation of multiphase educational initiative program, nurses felt that working in team-members in a completely new work environment they were able to deliver high-quality patient care
Transitional Orientation: A Cost-Effective Alternative to Traditional RN Residency Programs	Guthrie, Tyrna & Giannuzzi July 2013 USA	-Multifaceted development methodology- Transitional Orientation Program	Decrease in orientation times and cost and increase in inexperienced nurse's retention rates
Transforming Engagement In learning through innovative technologies: using an Audience Response System in Nursing Orientation	Smith, Rice & Woolforde 2012 USA	-New technology was used in developing the orientation process, questions that were answered using a clicker	Orientees were found to be more excited and engaged, real-life feedback, time savings
An interdepartmental team approach to develop, implement and sustain an oncology nursing orientation	Kuhrik, Laub, Kuhrik & Atwater 2011	-Interdepartmental development process, Scientific article	Nurses attending the new orientation programme had given mostly

program	USA		positive feedback and felt that they were better able to provide better patient care
Work unit transformation to welcome new graduate nurses: Using Nurse's Wisdom	Hatler, Stoffers & Kelly 2011 USA	-Development of dedicated transition unit (DTU) using theory driven approach	Reduction in absenteeism, decreased work stress; development of manual and cognitive skills; improved patient satisfaction with nursing care
Outcome evaluation of a new model of critical care orientation	Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito & Harap 2009 USA	-A prospective, quasi-experimental design with both quantitative and qualitative methods	New good practices were found, however turnover rates returned to previous level two years after the implementation of the new orientation program
Retaining the next generation of nurses: The Wisconsin Nurse Residency Program Provides a continuum of support	Bratt 2009 USA	-A Wisconsin Nurse Residency Program was created	Reduction in nurse vacancy rates, development of nurses critical thinking skills, retention rates varied from 79% to 97% with a mean average rate of 84%

The following figure represents the publication years of the articles, whereas the figure beneath it the selected articles country-wise.

Fig: 1 Publication years of the articles

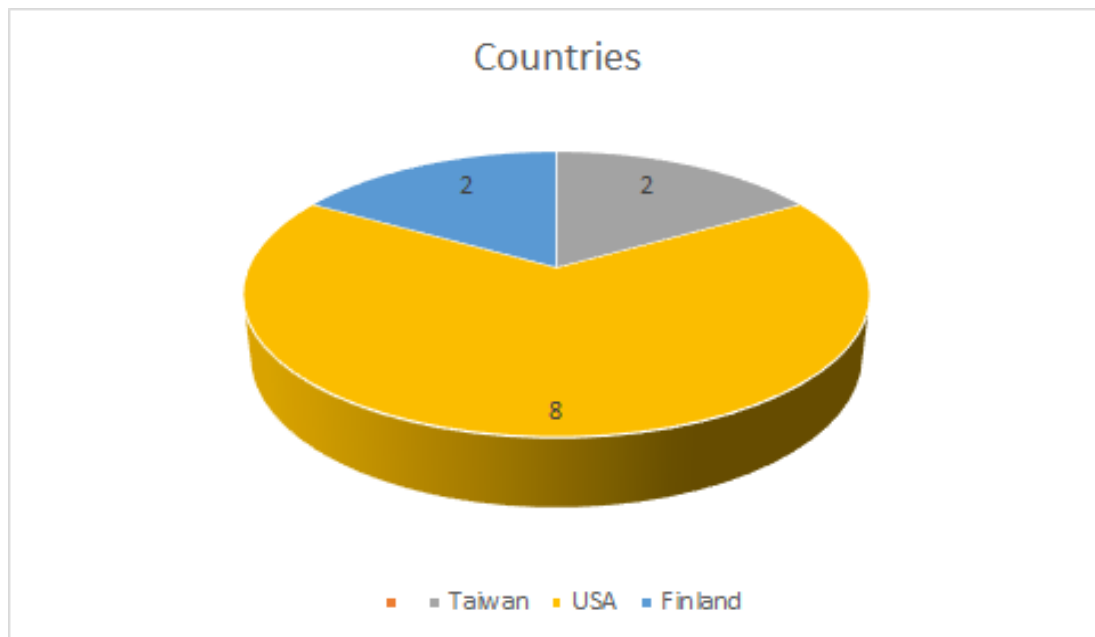
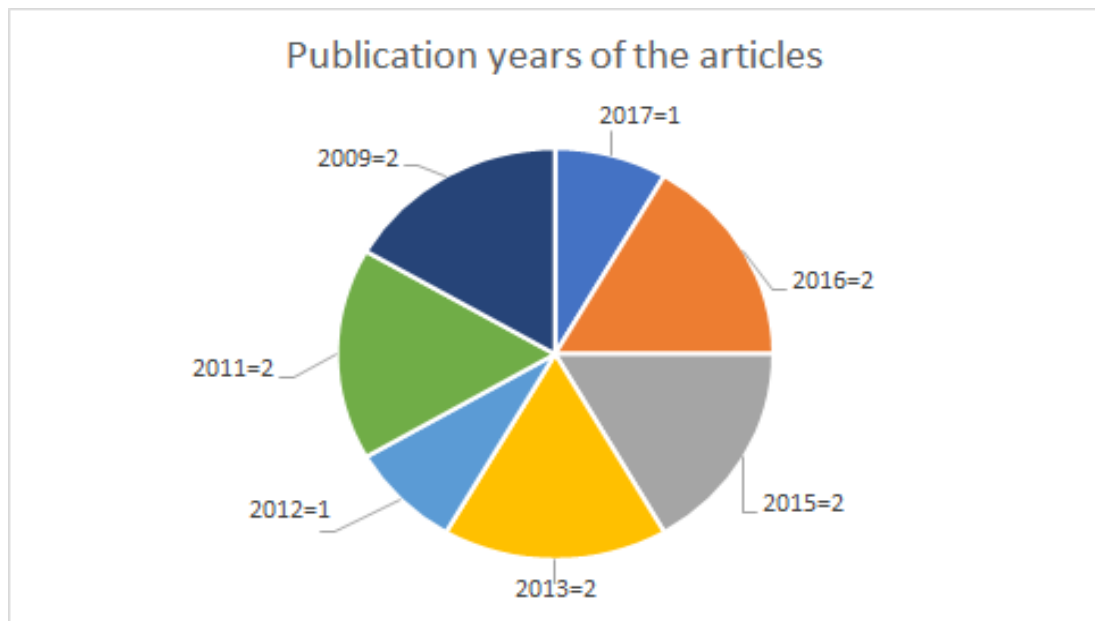


Fig: 2 Selected articles country-wise



## 5.2 Data Analysis

During the data analysis process of this thesis, all the chosen articles were first reviewed thoroughly based on the research question. The articles were divided evenly between the researchers so that each researcher was assigned four articles they had the main responsibility of. Parts that provided an answer to the research question were highlighted and remarks were made. The articles and associated remarks were then discussed amongst the researchers and further notes made. Highlighted parts from every article were combined into a table in order to identify and further analyze similar or distinct patterns within the data. Simplified terms were then formed to categorize the contents. As analysis continued, further combining of the classifications was made, finally resulting in seven key categories regarding the essentials factors of orientation:

Table 4: Key categories

Category	Description	Articles containing the category (=n)
Specially developed orientation process	<ul style="list-style-type: none"> <li>-Transitional Orientation Program</li> <li>-Stress Management and Resiliency Training (SMART) program within nurse orientation program</li> <li>-Interactive situated and simulated teaching (ISST)</li> <li>-10-Minute Preceptor Model</li> <li>-Oncology Nursing Orientation Program</li> <li>-The comprehensive Hospital Orientation process</li> <li>-Orientation model for immigrant nurses</li> <li>-Critical Care Orientation Program</li> <li>-Wisconsin Nurse Residency Program</li> <li>-Complex Orientation program for multidisciplinary training</li> </ul>	10/12
Guidance and support	<ul style="list-style-type: none"> <li>-Important role of and training for preceptors</li> <li>-Clinical Scholars (CS) learning sessions</li> <li>-Advanced practical nurses (APN) to facilitate professional growth for both newly graduated registered nurses (NGRNs) and CS.</li> <li>-Clinical coaches to provide additional support for inexperienced RNs.</li> </ul>	9/12
Individualized approach	<ul style="list-style-type: none"> <li>-Evaluation of new nurses' initial skill level and learning needs</li> <li>-Personal goals and interests taken into consideration</li> <li>-Duration of the orientation process</li> </ul>	9/12

Evaluation and development	-Evaluation of quality and effect of the orientation process -Continuous development of the orientation process	8/12
Innovative approach	-Simulations -Use of technologies -Online training methods -Adding a fun factor, e.g. Scavenger hunt list	6/12
Comprehensiveness	-Broader point of view -Comprehensive contents and various perspectives included in the orientation -Appreciation and positive attitude towards orientation throughout the organization -Possibilities for professional growth	4/12
Resources	-Time allocated for orientation -Adequate staff resources -Finances -Length of the orientation program	4/12

The next figure represents the prevalence of the different categories in the studied articles.

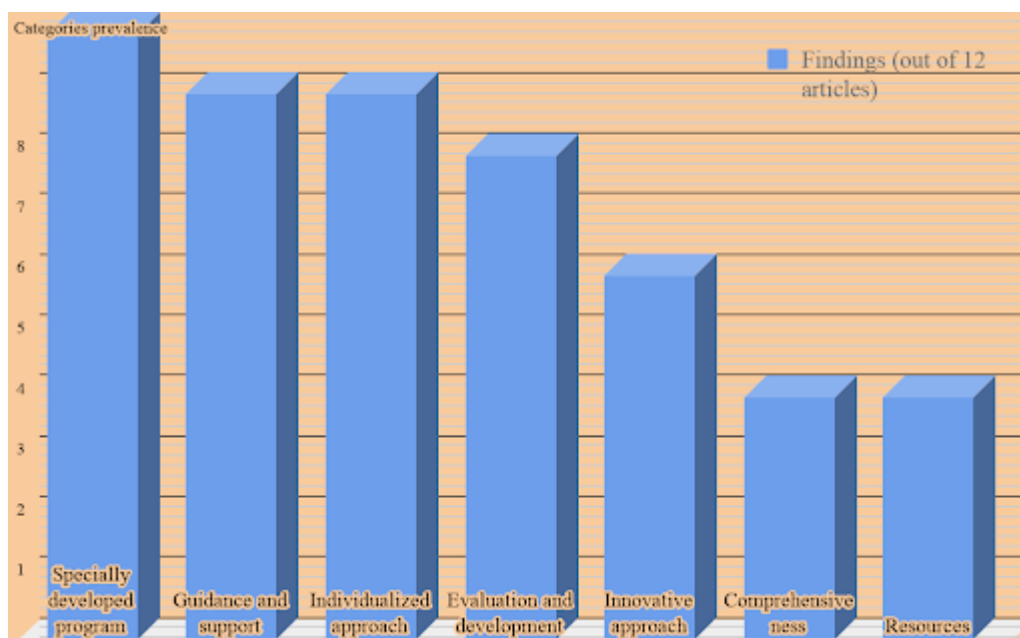


Fig 3: Prevalence of categories in the studied articles

## 6. Results

### 6.1 Specially developed orientation process

Kuhrik et al. (2011) represent in a very detailed manner an oncology nursing orientation program which had been successfully developed in order to improve nurses working relations, staff retention, job satisfaction and patient care in the hospital. The development process had been based on a literature review which findings had emphasized the importance of an adequate orientation process as a means to retain nurses and improve job satisfaction. Feedback from the participating nurses had been positive. (Kuhrik et al. 2011.) However, there was no long-term follow up or data yet on whether the participants continued to work in oncology two years after attending the orientation program.

Hu et al. (2015) have developed a communication focused model called 10-minute Preceptor Model. The model is intended to be used during the initial three months of nursing orientation program in Taiwanese hospitals. These three months are the first phase of a two-year postgraduate training program, which is compulsory for all newly graduated nurses in Taiwan. The 10-minute preceptor model guides the preceptors in their interaction with the new nurses. The model has been successful in decreasing new nurses' turnover intention and on the other hand in increasing their satisfaction with the preceptors. Authors bring up limitations that are linked to the study design such as homogenous and relatively limited participants and lack of interviews and suggest larger study samples and long-term follow-up in the future. (Hu et al. 2015.)

Peltokoski (2016) emphasizes the importance of an up-to-date, standardized and comprehensive orientation program which should contribute to the new employees' integration into the organization, foster confidence and convey a realistic view of the working environment. Hartikainen (2016) has focused on studying and creating an orientation program especially for immigrant nurses and recommends that there should be one in every social and healthcare organization in Finland in order to provide good and safe patient care. The orientation process should be continuous, including both common and individual orientation sessions and start already during the recruiting phase (Hartikainen 2016). However, the action research was conducted only in one elderly care center in Finland and the number of participants was limited so the results might not be generalized.

In the same way, Guthrie et al. (2013) claimed that the reassessment results had increased from 55-77% by implementation of Transitional Orientation Program, which aimed at retaining the competent nurses in Lee Memorial Health System. There has been a remarkably improved result in terms of employees' competence and reduced orientation length by a week and hence, saving the non-productive cost of around 177,000 dollars (Guthrie et al. 2013).

Chang Gung Memorial Hospital in Taiwan implemented Interactive situated and simulated teaching (ISST) program. Interactive situated and simulated teaching (ISST) is designed to assist the new nurses to achieve their goal during the earlier stage of their career. Novice nursing practitioners (NNPs) share their experiences about day-to-day practice. Similarly, they also support interactive learning among supervisors and learners. Situated learning allows the learner to enhance learning and skills in a working environment where the patient does not get affected, practice clinical situations which promotes their level of confidence and critical thinking skill (Chen et al. 2017). Missen et al. (2014, 134-142) consider interactive learning as a practical model of teaching and an effective approach. Due to the level of expectation from the assigned job, the NNPs might experience different stress level struggling to transition the into new working environment. Hence, periodic and effectively programmed training facilitate to acclimatize to the new working condition.

Feasibility of Stress Management and Resiliency Training (SMART) program along with the orientation program was studied in Mayo Clinic, USA. Since orientation is considered as a stressful period in nurses' working life, it's adverse effect on the self and the patient have been overviewed. In the study carried out by Chesak et al. (2015) to analyze the outcome of the SMART program, concluded that mindfulness and resilience was progressed and stress and anxiety decreased.

According to Bratt (2009), Wisconsin Nurse Residency program (WNRP) was designed to promote effective transition into professional practice. The goal of the WNRP program was to retain and sustain the next generation of nurses. WNRP provides a structured preceptor-training program, monthly educational sessions for new graduate nurses (nurse residents), and continuous mentoring by clinical coaches, which extend approximately for 15 months after hire. Following the yearlong program (approximately 15 to 18 months after hire), 90% of the nurse residents were still employed at their hospitals or organizations of hire. The rate was 83% at 2 years. One year after completion of the program, nurse residents' retention rates varied from 79% to 97%, with a mean average rate across all sites of 84%. Before the implementation of this program, some hospitals had new graduates' turnover rates, which exceeded 50%, this shows significant improvement.

Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito and Harap (2009) have developed a Critical Care Orientation Program in Northwestern Memorial Hospital. Critical Care Orientation Program is revised to meet the needs of the nurses with different levels of experience who were starting to work in the ICU along with new orientation model was developed to meet challenges. Depending on nurses' experiences, three distinct pathways were used for orientation one for experienced critical care nurses, one for experienced non-critical care nurses, and one for graduate nurses. Various teaching methods were designed and used by educators to meet each learner's needs, and the formative and summative evaluation methods were used to validate competency. And then to provide critical care content, learning needs were identified, and multiple teaching methods were used along with computer-assisted learning, case studies, simulations, and structured clinical time with a preceptor.

Likewise, Hemingway and Morrissey (2013) have developed a complex orientation program for perioperative personnel. The orientation program emphasizes identifying the important obstacles in this area, which helps in the development of this program. This orientation program helps to achieve the individual and collective needs of a large and diverse team and developed teamwork behaviors, which are essential for improving patient safety. The orientation program had been successful in enhancing both perioperative roles and patient care.

## 6.2 Support and guidance

The preceptor-orientee interaction was the focal point (Hu et al. 2015). The 10-minute Preceptor Model they developed structurally guides the communication, support and guidance between the preceptor and the new nurse during the initial three months of orientation. The main idea is that 10 minutes are dedicated twice a day for mutual discussion, which encompasses setting learning goals and daily plans, giving and receiving feedback, providing support and guidance and evaluating outcomes and learning needs. The model has been successful in decreasing new nurses' work-related stress levels and turnover intention, increasing their satisfaction towards the preceptor and also helping the preceptors in their teaching roles. The results give encouragement that even small changes and little extra effort can have significant beneficial effects. However, long-term follow-up is still needed.

Likewise, Peltokoski (2016) viewed the appointed preceptor as one of the most important factors related to comprehensive orientation process and mentions coordination and progression of the orientation process at the work unit level as the preceptor's

responsibility. However, elaborating on the roles and skills of the preceptors was recommended as a topic for future research since previous research indicates that preceptors may not receive adequate supports for them, their role might be unclear and teaching skills might need enhancing. Hartikainen (2016) has taken this aspect into consideration in the orientation process for immigrant nurses. During the development process, the preceptors took part in educational sessions regarding their role and were also given an opportunity to share experiences and effective practices and form networks in a support group gathering on demand. Hartikainen (2016) still recommended that more attention to training the preceptors is needed in the future. Also, Morris et al. (2009) pointed out that the training for preceptors is equally important since preceptors did not have adequate skills needed to evaluate orientees performance and they were not familiar of their roles as a preceptor in the new model.

As part of the support for the new nurses, Kuhrik et al. (2011) bring forth the meaning of peer support and sense of belonging which are taken into consideration during the oncology orientation program by offering the participants a shared experience with possibilities to interact and form connections with other new nurses. This is executed by organizing less formal activities, such as common breakfasts and photographing, in addition to the official, structured orientation curriculum contents like lectures and shadowing experience around the cancer center.

Clinical educators known as intern development specialists (IDS) were appointed to provide additional support for clinical coaches to fulfill the developmental needs required for the new registered nurses or interns (Guthrie et al., 2013). IDS are accountable to the experienced registered nurses. They review orientee's initial competence; develop orientation planning; preparing development tasks; monitor their ability to meet level competence and make a final decision of hiring the nurses. The analyzed data in 2010 showed that all inexperienced nurses, an increment of 72% the positive result. Moreover, the nurses assigned with IDS received an assessment score of 83%, which was greater in comparison to the nurses assigned without IDS, which was only 63%.

Clinical scholars with advanced clinical teaching skills are appointed to assist new graduate nurses and help them develop clinical judgment skills (Hatler et al. 2011). A skillful nurse educator called Advanced Practice Nurse (APN) plays an important role for the professional development of new graduates and clinical scholars. A theory-driven approach used in a dedicated transition unit (DTU) in Phoenix (USA), one new graduate nurse is assigned to a clinical scholar during a shift. The workload is gradually increased with the increasing capability of the new graduate nurse. Hence, by the four-week time from orientation, the

new graduate nurse will be able to responsibly manage the normal patient load.

Bratt (2009) highlighted the necessity of preceptor training to the nurses who were graduated newly. Also, the author has addressed the conditions of rural hospitals with a few numbers of nurses. He defines the advantages of short-term training for rural hospitals. Use of simulation learning, face-to-face interaction practice helps to boost the communicating and conflict resolution skills of nurses. For the greater output in clinical service preceptor trainings are needed, which put the spotlight on the way for future of clinical service with highly qualified, social and professional role models. Clinical coaches were assigned with each nurse resident to provide new nurses with ongoing guidance to meet their highest potential. Following the structured orientation preceptor model, every two to four weeks clinical coaches meet with their assigned nurse residents to provide continual support to enhance new nurses' professional development.

### 6.3 Individualized approach

Peltokoski (2016) refers to the importance of baseline knowledge assessment of the new employees as a foundation for an individualized orientation approach. Hartikainen (2016) states that individuality and cultural sensitivity must be taken into consideration during the orientation process. Even though Kuhrik et al. (2011) do not discuss individuality per se, the oncology orientation program they represent in the article contains features that can be tailored to meet the new nurses' individual needs and interests. Therefore, it can be said that individual approach was deemed an important aspect of orientation in their development process as well.

The insufficiency of critical care nurses and the demands of two intensive care units for service expansion supplied a unique opportunity to develop a new model of orientation. Three distinct pathways were used for orientation: one for experienced critical care nurses, one for experienced non-critical care nurses, and one for new graduate nurses in a study carried out by Morris et al. (2009). The length of orientation for experienced critical care nurses is six weeks, experienced non-critical care nurses are eight weeks and graduate nurses are 12 weeks. Studies done by other author has reported that the length of orientation required for experienced critical care nurses is eight weeks, for experienced non-critical care nurses is 12 weeks, and graduate nurses required 17 weeks, with a range of 12-26 weeks. A pathway was assigned to each nurse, depending on his or her previous experience. To identify the learning needs of experienced critical care nurses, the Basic Knowledge Assessment Tool (BKAT version 7.0) was used and, experienced non-critical

care nurses and the graduate nurses started with the online modules, whereas the graduate nurses engaged in real-time learning opportunities.

Dividing the training into manageable learning experiences (i.e., learning modules that team members could easily grasp and practice) by the operating room nursing leadership team has been found to be effective in achieving the learning needs of perioperative personnel (Hemingway et al. 2013). Data assessment was believed to be an important factor of success as a tool to identify the individual learning needs and development before beginning the orientation session. Furthermore, individualization of orientation along with the variation in learning techniques has lowered the average time frame of orientation for clinical specialties (Guthrie et al. 2013).

#### 6.4 Evaluation and development

In order to provide an up-to-date orientation program, continuous and regular evaluation is needed, states Peltokoski (2016, 35, 58-59), and identifies developing cost-effective, flexible and innovative models of orientation as the preferred focus point. Strategies and interventions that ensure the quality of the orientation process should be at use, and for the evaluation Peltokoski (2016) recommends using the Orientation Process Evaluation (OPE) - the tool that was developed as part of the dissertation.

For Kuhrik et al. (2011) it was important that the newly developed oncology orientation program would be able to evolve to match the inevitable changes within the healthcare environment. Hartikainen (2016, 111) on the other hand emphasizes that the staff needs to have the motivation and take part in the development of the orientation process.

Guthrie et al. (2013) mentioned that the Transitional Orientation Program after the introduction of intern development specialist (IDS) achieved the improved result of 85% from 63% within three months' time. Moreover, increased level job satisfaction and retention rate of nurses were also reported. However, it was realized that evaluation of competence and cost of orientation needs have not been reported. Similarly, the 3 months ISST program showed the greater increase in Novice nursing practitioner (NNPs) clinical competency and decreased the level of stress (Chen et al. 2017). Additionally, level of confidence to perform the work within their working environment also significantly improved. In addition, there has been a remarkable reduction in absenteeism rate in DTU project compared to previous years of this project (Hatler et al. 2011). The nurses' experience, confidence, developed decision-making ability, managing the assigned load



and has developed a good communication with the doctors. The new nurses' job satisfaction was higher and they remained to continue working with the hospital.

An unexpected benefit of the implementation of the critical care orientation model was increased recruitment (Morris et al. 2009). Hemingway et al. (2013) believed that perioperative administrator's support and proper planning of orientation sessions by the OR nursing leadership teams is highly important for the success of the orientation process.

#### 6.5 Innovative approach

Several different kinds of innovative approaches were introduced in the research literature. For example, Woolforde & Lopez-Zang (2012) reported the use of audience response system (ARS) among nurse educators at the North Shore-Long Island Jewish Health System's (NSLIJHS) for orienting nurses to increase participant engagement while growing educator efficiency. According to Turning Technologies, 2011, an ARS is a program which combines wireless hardware with presentation software and allows audiences to take part in presentations, lectures, or other activities by presenting responses to interactive questions with the use of a remote-control keypad, also known as a clicker or other hand-held or computer device (e.g., smartphone). Educators report that during ARS sessions, orientees involve more verbally. Orientees reported that they are having fun using the clickers and although the answers are incorrect, there is no chance of embarrassment as the responses are given in aggregate. In addition, orientees know their answers whether it was right or wrong immediately so they can compare with that of their peers. Additionally, with the use of ARS technology, manual scoring and photocopying of questionnaire and response sheets have been eliminated. Although the nursing workforce may be growing old, learners are becoming increasingly competitive with technology.

According to Morris et al. (2009), Benner's "novice to expert model" has shifted teaching strategies from the use of a teacher-centered didactic process to a learner-centered process. Traditional classroom learning was replaced by various interactive methods. Whereas other research Guthrie et al. (2013) mentioned about shifting the teaching method strategies from traditional content centered into interactive and patient centered method, which was considered to have a critical association with successful Transitional Orientation program. On the other hand, a project conducted in St. Joseph Hospital addresses to retain the fresh and experienced nurses onboard with the aim to establish a Dedicated Transitional Unit (DTU), which is a part of orienting new staff members. A telemetry ward with a provision of 21 bedded private rooms was established where the nurse and patient ratio was 1:4. Clinical Scholars (CS) with advanced clinical teaching skills were appointed to assist the new graduate nurses and help them develop clinical judgment skills. Additionally, use of high precision Human Patient Simulation (HPS) technique

allowed zero risks for new learners and provides good interaction for learning (Hatler et al. 2011).

Scavenger hunt list was used to create an element of fun and guide staff members to locations that would be important to their roles in the new facility (Hemingway et al. 2013). A “super user” category of 20 personnel was formed who were responsible for learning the new OR technology and as needed organizing training sessions for team members (e.g., off-shift training sessions for team members who were unable to attend the on-shift sessions). In order to look, how creatively the team members would work together in the new perioperative environment, simulations sessions were organized. Simulations sessions lasted an hour, followed by approximately 30 minutes for debriefing. Teamwork and collegial dynamics

Although Peltokoski (2016) emphasized the importance of using innovative methods in orientation, the article did not focus on this theme per se or represent any specific models.

## 6.6 Comprehensiveness

Peltokoski (2016) has focused on studying comprehensive hospital orientation process in specialized healthcare settings as introduced before. In the article comprehensive refers to an orientation process where the goals and responsibilities are defined, the content is standardized, individual needs and different models of implementation are considered and feedback is received both from managers, preceptors and colleagues. According to Peltokoski (2016), it is crucial that orientation is appraised and seen as a common responsibility throughout the organization, including administration and managers as well.

The oncology orientation program represented by Kuhrik et al. (2011) includes a broad variety of curriculum topics and goals, such as providing the participating nurses with a comprehensive big picture understanding of the patient care and available services, mission, vision and values of the organization. Also developing the new nurses’ awareness regarding the possibilities of professional growth as an oncology nurse and variety of possibilities within the organization was mentioned as part of the goals. In the article one aspect of comprehensiveness was emphasized in which no other article discussed: understanding the patient’s point of view, experience and care pathway within the organization. Although Kuhrik et al (2011) did not especially define the orientation program in question as comprehensive, it includes several similar aspects than the hospital orientation process Peltokoski (2016) defines as comprehensive.

The orientation model for immigrant nurses developed by Hartikainen (2016) also contained comprehensive features such as standardized content, initial skill level and need evaluation, clearly defined responsibilities, going through the roles, expectations, values and principles regarding nursing profession in Finland and within the organization and continuous support and feedback for the new immigrant nurses. Hartikainen (2016) also emphasized the importance of mutual motivation and creating a tolerant atmosphere and overall positive attitude towards orientation and development within the organization.

A comprehensive program that oriented, educated, and provided ongoing in-service programs were developed to all perioperative personnel in order to meet the collective knowledge of the perioperative team at Massachusetts General Hospital (MGH) (Hemingway et al. 2013). This enabled to gain the individual and collective needs of a large and diverse team and helped to promote teamwork behaviors that were advantageous for improving patient safety. When on-site training started in the new facility, super users lent localized support to vendors and they facilitated orientation and other learning experiences. At MGH, to assist with the transition, college students worked as per diem employees, and many of them were assigned to work with the staff development team.

## 6.7 Resources

Hu et al (2015) emphasize enabling adequate time for daily interaction between the new nurse and preceptor but discuss also the need for continuous and more long-term orientation. Peltokoski (2016, 36) states that adequate financial and human resources should be allocated for orientation but does not discuss how this should be accomplished in practice. Hartikainen (2016, 10, 99) also comments that finances, time and other resources are needed from the organization and in addition discusses the importance of the head nurse in using the available resources. Kuhrik et al. (2011) in turn report practical issues related to resources - for example the need of planning for staffing coverage during orientation and different kind of measures that have been taken in order to provide the program cost-free for the participants.

The studies show the importance of a limited ratio between the nurse and patient. Guthrie et al. (2013) emphasized the limitation of nurse and patient ratio up to 1:4 and the ratio of inexperienced nurses and coach being 1:1 in transitional units. Assigning the only limited number of the interns to the unit with the clinical coach who is dedicated for

individual growth of the inexperienced nurses has been believed to be an imperative factor of orientation cost reduction and competence improvement among nurses.

## 7 Discussion

### 7.1. Discussion of the results

#### **Specially developed orientation process**

The most common among all the articles that discussed this category (Fig 3), was that the orientation processes in question had either already been proven successful and realized its necessity for the organization, although the perspectives and evaluation of success varied and the researchers suggested long-term follow-up and larger sample sizes in the future. However, the implemented programs were broadly at use in different nursing fields, for example, oncology and critical care. It is likely that home care would also benefit from a specially developed orientation process that would take into consideration the special demands and characteristics of the field and would help to equip the employees with necessary competency for the assigned role of a job.

However, since there are plenty of universal features in orientation, good practices found in different nursing fields could be beneficial regardless of the area of specialty. For instance, the Stress Management and Resiliency Training (SMART-program), which was integrated into the general nursing orientation program in Mayo Clinic, USA, was successful in reducing the stress and anxiety levels of the new nurses and in turn improving their mindfulness and resilience. As home care nursing might be at times very stressful for the nurses, having to rush from one patient and home to another, it could be very useful for the organization to include in their orientation process features that address the issue of stress management.

#### **Support and guidance**

The importance of guidance and support for the new nurses during the orientation period was mentioned throughout the selected articles. Researches have shown that support and guidance are essential for the success of orientation and the retention of new nurses - a fact that should be considered within any nursing scope but especially in homecare, where the daily work is mostly carried out independently and encases significant responsibility.

Support and guidance can be given in various ways and methods. Several articles referred to previous research results, which have emphasized the meaning and influence of the preceptor regarding the development of the new nurse's clinical competence and skills, the overall success of orientation and ultimately the retention of new nurses. Hu et al. (2015) represented encouraging results that even with only 10 minutes twice-daily dedication into standardized communication between the new nurse and preceptor, significant improvements were achieved. Despite the lack of resources in homecare, perhaps these kinds of small changes and steps could be made, even within a short timeframe.

In many of the articles, the roles and the training of the preceptors were mentioned as the area that needs to be studied and developed further in the future. This is an important remark for Kerava home care where the preceptor is currently chosen quite randomly and does not receive any particular training regarding the assigned role. Hence, the feasibility to apply this category to the Kerava homecare seems to be possible and cost effective. When every institution works for achieving the organizational goal of providing quality healthcare to their clients and patients, appointing and training the qualified nurse to specifically orientate, support and guide the new nurses seems to be absolutely possible step for Kerava homecare.

### **Individualized approach**

An individualized approach was another essential factor of orientation that most of the chosen articles discussed, even though from variable aspects depending on the authors. Overall it can be said that assessing the new nurses' initial skill levels and knowledge, setting up personal learning goals and taking the interests of the orientees into account were seen as means to help the organization and the preceptors in identifying the learning needs of the orientees, focusing on the key areas and thus making the learning more effective. In one of the articles (Hartikainen 2016), it was recommended that immigrant nurses should be considered separately and cultural sensitivity should be taken into account when planning orientation processes in order to provide safe and effective care.

The individualized approach is feasible regardless of field of nursing, but especially since home care is struggling with lack of resources, it should be viewed as a crucial aspect when carrying out orientation as to increase the effectiveness of orientation. Since the number of immigrants is constantly growing in Finland (Tilastokeskus 2018), there will be more and more both immigrant nurses and patients in the future. Therefore, cultural

sensitivity can be viewed as an important aspect of individuality, which should be taken into account when planning, carrying out and developing orientation in Kerava home care.

At the moment the current orientation process in Kerava home care does not seem to contain individually tailored features, other than the length of the shadowing experience, which depends on the type of the working contract - whether permanent or temporary. Applying an individualized approach during the orientation in the future would be beneficial. This category as a part of essential of good orientation would be easily applicable for Kerava homecare. The possibility of implementation would be feasible because it needs no extra costs and moreover transforming the current orientation technique by considering the individuality approach in orientation would be sufficient.

### **Evaluation and development**

The literature was consistent regarding the importance of evaluation and development of the orientation process, although the authors approached the theme yet again from different aspects. Some articles described the development process and its effects in detail whereas others emphasized the importance of continuous and regular evaluation and development in general. Authors reported for example that developing orientation had led to decreased nursing turnover rates, increased decision-making ability by the nurses and improved communication between nurses and doctors. It was seen imperative that the staff would be motivated to participate into the development processes and that the orientation processes either already existing or still under development would be able to adapt and therefore match with the new upcoming challenges faced by the healthcare organizations.

Evaluation and development can be considered a universal concept, applicable to any nursing field. Kerava home care has started their development process regarding orientation by commissioning this thesis, which suggests that the organization already recognizes the importance and need of development. Based on the findings of the thesis, it could be beneficial for Kerava home care to evaluate the orientation process, start an initial assessment of the new employees' skills and learning needs, find out their goals and interests and involve current staff in the development process. The evaluation phase is very important step of any process, which leads to positive development. Kerava homecare would be easily able to consider this category as well because it is a perspective to developing insight into what Kerava homecare has already been doing. The results of the study would definitely pave a path for improvement for Kerava homecare orientation system.

### **Innovative approach**

The articles introduced several kinds of innovative approaches, which were implemented during orientation in different clinical setups. These approaches had provided progressive outcomes. For example, nurses were found to be more engaged and excited during the orientation, and teamwork and collegial dynamics had been promoted. However, many of these approaches were applied to groups of orientees starting their jobs in a hospital. In Kerava home care, orientation is carried out individually rather than in groups. Therefore, many of the innovative approaches mentioned in our studies might not be feasible to apply in homecare due to differences in the clinical and homecare setup. For instance, use of high-fidelity Human Patient Simulation (HPS) and technical skill laboratories though has shown progress among new nurses, its feasibility does not seem to be justifiable for Kerava homecare. This would be rather a costly approach. However, cost effective version of innovative approach, which somehow aim to provide the participant to reach the same goal, could be suggested. Improvised online program contents can provide a good experience of e learning. Similarly, video-based patient's case studies can be another example that could be developed to include in the orientation program.

### **Comprehensiveness**

In this thesis, comprehensiveness was interpreted and defined as a broader point of view in the orientation process along with standardized content, defined goals and responsibilities and general appreciation towards orientation in the organization. Comprehensive orientation should be implemented in a holistic way, not only focusing on daily work tasks and practicalities but also considering, for example, the values of the organization, patient's point of view and the opportunities for professional growth within the organization. A comprehensive approach would fit home care environment extremely well due to the nature of the work, vast demands and high staff turnover rates within home care.

At the moment the current orientation process in Kerava home care is only partly standardized and focuses mainly on the daily nursing care procedures. A more comprehensive approach in the future would most likely to be beneficial for the organization, the staff and the patients. However, it might take some time and effort to figure out and define what comprehensiveness would mean in practice in Kerava homecare. For instance, what could be the goals of orientation? How the patient's point of view could be integrated into the process? And how the broader point of view and opportunities for professional growth could be conveyed for the orientees? Again, as said earlier in evaluation and development category, comprehensiveness is also a perspective

to developing broader insight into what Kerava homecare possesses. This approach is also easily feasible to apply and is very cost-effective. Every nurse of Kerava homecare should be acknowledged about the organization's values and goals. The patient's feedback system could be used by periodically issuing questionnaires at their home on papers or through online system. Each patient's feedbacks should be then dealt with immediately. This provides opportunity to serve Kerava homecare clients at their level best and improve quality of care.

### **Resources**

Resources allocated to the orientation are undoubtedly connected to the success of the orientation process. The articles approached the theme from variable aspects. In the research literature, there was no consensus on the adequate length of orientation or the number of resources needed in order to provide effective orientation. However, in general, it can be said that according to research, developing and focusing on orientation is cost effective for the organizations and decreases nursing turnover. Overall adequate resources, in general, were deemed imperative for the success of orientation.

Different aspects of resources, such as nurse-patient ratio, time allocated for orientation and finances were discussed. Most of the orientation programs introduced in the data continued at least for several weeks, many even for several months. However, the line between orientation and transition programs was not clearly defined. One article emphasized the head nurse's role in using the allocated resources (Hartikainen 2016).

In Finland, home care organizations are struggling with increased workload and demands combined with inadequate resources. However, in order to provide safe and effective care for the patients and retain staff, measures need to be taken for developing orientation being one good alternative for them. Without doubt, developing orientation takes time and effort from the organization and can be challenging when even accomplishing the daily work tasks is sometimes compromised in homecare. It could pay back though, with higher rates of retention, increased staff job satisfaction and ultimately better quality of care for the patients.

Perhaps Kerava home care could benefit also resource-wise from cooperation with Laurea and other nursing education facilities by providing nursing students opportunities to carry out development projects or thesis' focusing on orientation in the future as well. Management of manpower resources have shown the proven reduction in the financial cost rather than facing the increasing financial cost due to nurses leaving the job and training



new staff. Hence, Kerala homecare should consider maintaining the workload of nurses at the human capacity level so that the nurses enjoy the work fully and can deliver the good care.

## **7.2 Limitations**

Peltokoski (2016, 38) concludes, that there seems to be unclear and lack of consensus regarding the definition of the concept orientation process but also lack of related research evidence -which became evident especially from the perspective of home care nursing when during the data collection phase of this thesis no relevant articles dealing with both home care and orientation were found. Also, in the research literature, for example, terms 'orientation' and 'transitional' program were often used interchangeably or there was no clear borderline between them. This posed challenges regarding the setting of inclusion and exclusion criteria during the data collection. It might be that not all relevant articles were found or the lack of research experience amongst the thesis group members could have affected the data search and analysis phases in general.

Although the data in the chosen articles were consistent, most of the presented researches were still lacking long-term follow-up or larger sample sizes. Therefore, the results cannot be fully generalized or deemed valid in the long run, without further research. Also, most of the articles were discussing orientation in hospital environment in the USA, where the healthcare and nursing education systems is said to be complex than in Finland (Goodill 2017). This raises the question about the applicability of the results into Finnish home care system, especially since Hartikainen (2016) emphasizes the importance of cultural sensitivity regarding orientation. However, yet again due to the universal nature of the extracted categories and nursing as a profession, it could be said that the results can be used as a general guideline which could be then adapted and modified according to the country, nursing field, organization and finally individual nurse.

## **7.3 Trustworthiness and ethical considerations**

While writing this literature review, the guidelines of responsible conduct of research, set by the Finnish Advisory Board on Research Integrity (TENK 2012) were acknowledged as the thesis group has aimed for honesty, accuracy and authenticity throughout the thesis process in order to avoid fabrication, falsification, plagiarism and misappropriation. Data searches and data analysis phases have been reported as accurately as possible to enable reliability evaluation and possible future repetition. The data and reference materials were obtained from reliable sources and plagiarism was avoided by paraphrasing and

properly referencing the sources. Credit was given to authors and all sources used for this thesis.

Connected with the use of content analysis there is always the question of accuracy of the interpretation (Tuomi & Sarajärvi 2018, 109). However, the fact that this thesis was conducted in a group can be a factor that both increases the validity and decreases the level of bias of the literature review (Bettany- Saltikov 2012, 32), since the analysis is not based on only one subjective point of view. During the analysis phase the group discussed the articles together and pondered the limits of interpretation - what can be honestly said based on the data. However, the thesis was partly executed by sharing areas of responsibility, for example during the data search and reporting phases. Therefore, not all parts were profoundly executed in a group, which might in turn decrease the level of objectivity.

Regarding the findings of this thesis, the fact that the results were consistent in different branches of nursing and even in different countries, increases the trustworthiness of the results. However, despite the efforts to ensure high level of integrity, the lack of experience amongst the thesis group members regarding carrying out research and literature reviews may have affected the process and led to unintentional inaccuracies or mistakes during the data collection, data analysis and reporting phases. Perhaps all possible perspectives affecting the integrity have not been considered or reported in enough detail despite the efforts to do so.

## **8 Conclusion**

Providing new nurses with adequate and effective orientation has been widely recognized as an important factor in reducing nursing turnover in health care. However, the perceptions of the definition and contents of adequate orientation seem to vary in the research literature. Additionally, at least based on the data search of this thesis, the topic has not been studied from the perspective of home care nursing, even though it is an area of nursing which has and continues to face different challenges due to the limited resources combined with the demanding, independent and holistic nature of work and growing number of customers with multiple illnesses and poor functional ability. The need for evaluation and active development is evident in order to retain staff and ensure safe and good quality home care for the customers. Kerava home care has taken action and hopefully benefits from the results of this thesis. The identified seven key factors of orientation are quite universal by nature and can be fully or after modification applied for

orientation regardless of the field of nursing.

In general, it can be said the seven categories of essential factors of orientation as described above, are universal by nature and therefore fully or at least partly be applicable to various scopes of nursing, including home care. However, depending on the nature of nursing care and special characteristics of the certain nursing field, contents of the categories for orientation may differ and require necessary modifications based on needs. A provision of a good orientation in nursing creates opportunity to take ownership of the working environment. The practical staff orientation tool can be developed for the homecare nurses with a good support system for the newly joined nurses.

The orientation programs for nurses should be implemented and accessed in order to support and fulfill the learning needs of the individual nurses. This is a key factor in delivering the quality of care to the patient. Different kinds of orientation techniques, training programs, transitional units, stress management approaches etc., which have been reportedly used for a qualitative orientation has been discussed. In a nutshell, various practical based training programs associated with homecare is very imperative for the new graduates or the experienced nurses commencing their new work. The quality of patient care is possible with a provision of highly trained registered nurses, congenial working environment and well-distributed workload.

## **8.1 Recommendation on essential factors of orientation for Kerava home care**

Essential factors of good and effective orientation

- 1) Developing an orientation process which addresses the needs and demands of the field of nursing, the organization and the employees.
- 2) Offering continuous support and guidance for the new employees and their preceptors and providing them regular opportunities for interaction.
- 3) Assessing initial skill levels and taking the goals, interests and learning needs of the new nurses into consideration when planning and implementing orientation
- 4) Evaluating and developing the existing orientation process continuously and regularly

- 5) Using various innovative approaches and methods when implementing orientation
- 6) Appreciating the importance of orientation throughout the organization and providing the participants a broader point of view regarding the work and the organization
- 7) Allocating adequate resources for orientation

The collective key points of the comprehensive orientation program from this literature review can be summarized as follows:

- Assisting new nurses throughout the orientation and transition phase through continuous training and support and hence developing the values of the new nurses
- Supporting the group creation, regular meetings, discussions and follow-ups to help the easy transition of nurses to cope with the new working environment.
- Educating experienced nurses about their key role of mentorship and its contribution for the professional development of new nurses
- Provision of a good channel of the communication system where the new nurses can feel more comfortable regarding their learning needs
- Encouraging new nurses in their decision- making backed-up by a good support system
- Periodical constructive performance evaluation discussions and regular feedback system between both the parties are very important tools for successful orientation.
- A balanced workload with a fair nurse-patient ratio helps the new nurses to balance their learning and work. Learning under 'too much' of work pressure can create stress and slow down the learning process.

## **8.2 Recommendations for further research**

Although the results of the thesis are perceived applicable and useful in nursing orientation regardless of the field of nursing, future research that focuses on homecare, in particular, is deemed important. After all, homecare is a growing field due to the ageing of the population, national policies and the patients' will to live in their own homes for as long as possible. Home care nursing is demanding and contains features that might need special attention or consideration regarding the orientation - therefore deeper insight into

the topic might be necessary for ensuring that the orientation fits the needs and demands of this particular field of nursing.

According to Peltokoski, Vehviläinen-Julkunen & Miettinen (2016), development of comprehensive orientation process is challenging due to lack of evidence-based approach and hence more research should be carried out to increase the quality of orientation for retaining nurses and improving the work satisfaction among nurses. The lack of an evidence-based approach makes it difficult to develop a comprehensive orientation process. Further research should explore interventions that will enhance the quality of home care orientation practices to improve nurses' retention and job satisfaction.

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Appendix1: Tiivistelmä perehdyttämisen hyvistä käytännöistä Keravan kotihoidolle

- 1) Kehitetään työntekijöiden, organisaation ja hoitotyön erikoisalan tarpeita ja vaatimuksia vastaava perehdyttämisprosessi
- 2) Uusille työntekijöille ja perehdyttäjille tarjotaan jatkuvasti tukea ja mahdollisuuksia säännölliseen keskinäiseen vuorovaikutukseen
- 3) Perehdyttämisen suunnittelussa ja toteutuksessa otetaan huomioon osallistujien yksilöllisyys, mukaan lukien lähtötaso, tavoitteet, kiinnostuksen kohteet ja oppimistarpeet
- 4) Käytössä olevan perehdytysprosessin laatua ja tehokkuutta arvioidaan ja kehitetään jatkuvasti
- 5) Perehdytyksen toteutuksessa hyödynnetään erilaisia innovatiivisia menetelmiä
- 6) Koko organisaatiossa ymmärretään perehdyttämisen tärkeys ja toteutetaan sitä kokonaisvaltaisesti tarjoten osallistujille laajempi näkökulma työhön ja organisaatioon
- 7) Varataan perehdyttämiseen riittävästi resursseja

Appendix 2: Literature review mind mapping

