Orientation is the process used to introduce an employee to their role in an organization. The orientation serves to increase the confidence, competence and sense of belonging of a registered nurse (RN) in a new practice setting. The College of Registered Nurses of Nova Scotia (CRNNS) recognizes a well-designed and evidence informed orientation is critical for the successful transition of any RN in any practice area. It is particularly important for the successful integration of newly graduated RNs.

The CRNNS believes that:

1. RNs must be sufficiently prepared to ensure safe, competent, compassionate and ethical care in new practice settings, when accepting new responsibilities, or when assuming new roles.

2. RNs hired into new nursing positions require an appropriate orientation and transition supports regardless of their employment status (e.g., casual, full or part time).

3. RNs have a shared responsibility with their employer to ensure that they have the competencies they require for any new position (CRNNS, 2011).

4. The employer is responsible to provide orientations that support RNs to meet role expectations.

5. Orientation length needs to be determined based on the nurses’ past work experience and the length of time needed to develop the required competencies in that practice area.

Recommended Best Practices for Orientation

A well designed orientation based on best practices has been shown to improve client care by enhancing staff morale, increasing job satisfaction, improving patient safety, strengthening communication and increasing the retention of nurses (NSDHW, 2015, Rush et al, 2013). An orientation based on best practices includes:

- An individualized competency-based assessment. This formalized process assesses existing knowledge and skills and identifies learning and experience gaps for the RN entering a new practice area (Guthrie, Tyrna & Giannuzzi, 2013).

- Formal and informal learning opportunities that apply adult education principles and provide structured and unstructured, varied and well-designed learning activities. This could incorporate classroom training, mock scenarios, clinical practice, preceptorship, and peer support (Edwards, Hawkler, & Colin, 2015).

- A preceptor assigned to the new employee. A preceptor is a clinical role model who establishes a formal, one on one relationship for a limited time period, usually the length of the orientation, to assist the RN in successfully adjusting to their new role. Ensuring the preceptor(s) are consistent, willing and trained in this role is a key component of an orientation (CRNNS, 2008).

- A supportive work environment free from lateral violence and bullying behavior. Recent evidence has identified this as one of the most significant factors in a successful transition to a work environment (Edwards, Hawker, Carrier, & Rees, 2015, & Rush et al, 2013).

- Following the orientation period, a mentor to provide support and guidance to assist the RN transition into a new position. Mentoring is when a person with more knowledge and experience enters a voluntary supportive role to facilitate personal development of someone who has less knowledge and experience (Registered Nurses Professional Development Centre, 2011).

Recommended Practices to Support New Graduate Transition

In addition to their orientation, the new RN graduate requires additional supports to ease their transition into professional practice. It has been documented that new graduates often experience transition shock, high levels of stress, and face
expectations from senior staff that they hit the ground running (Boychuk Duchscher, 2012 & Hoffart, Waddell, Young, 2011). Boychuck Duchscher’s research (2012) suggests that new graduates can require up to 12 months to comfortably transition into the role of a professional nurse. New graduates in Nova Scotia support these findings and report the need for additional support as they transition into the role of RN (CRNNS, 2013).

Examples of strategies that have been identified as essential to new graduate transition are:

- **Regularly scheduled check-ins** with a manager or clinical lead at three, six, and 12 months after hire in which constructive feedback is shared.
- **Ongoing support** from coworkers, managers and peers. Transition groups offering peer support in real time or on line is an example of a successful strategy that has been used (Rush, 2013).
- An **environment that supports** the novice nurse, encourages questions and reflective practice, and enables them to ask for assistance without criticism. The *Entry-Level Competencies for Registered Nurses in Nova Scotia* document outlines key indicators of an environment supportive of the new graduate (CRNNS, 2013).
- The **flexibility** for the new graduate to request additional orientation shifts or training, if required.

**Summary**

All RNs must be well prepared to function safely and competently in new practice settings when accepting new responsibilities and when assuming new roles. A well-planned, effective orientation will result in benefits for clients, RNs and employers. Orientation components that have been identified as best practice include: a competency-based assessment, formal and informal learning opportunities, a trained and willing preceptor and a supportive work environment beyond the formal orientation. New graduates require additional supports and flexibility to support their transition into professional nurse. RNs have a shared responsibility with their employers in ensuring they have the required competencies to practice safely, competently, compassionately and ethically in their new position.

**References**

Boychuk-Duchscher, J., (2012). *From surviving to thriving: Navigating the first year of professional nursing practice*. Saskatoon: Fastprint; Saskatoon


