Report of the Environmental Scan of Existing Orientation Approaches
in Eleven Public Health Units in Ontario

Orientation: Transition to Public Health Nursing Project

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through the Nursing Secretariat.**

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Many thanks to the following randomly selected Chief Nursing Officers and/or delegates from the following health units who agreed to participate in this endeavour.

> **Chatham Kent Public Health Services**
> **Grey Bruce Health Unit**
> **Hastings & Prince Edward Counties Health Unit**
> **Kingston Frontenac Lennox and Addington Public Health**
> **County of Lambton**
> **Community Health Services Dept.**
> **Middlesex London Health Unit**
> **North Bay Parry Sound District Health Unit**
> **Thunder Bay District Health Unit**
> **Halton Region Health Department**
> **Huron County Health Unit**
> **Wellington Dufferin Guelph Public Health**

Purpose of the Environmental Scan

An environmental scan of existing orientation approaches was conducted during the first half of April, 2008. Jane Simpson, Project Lead and Linda Rizzo Michelin, Evaluation Consultant contacted 12 Chief Nursing Officers (CNOs) to participate in the environmental scan. Eleven of twelve randomly selected CNOs took part in the scan.

The purpose of the environmental scan was to determine:

- Determine the existence of general nursing orientation* programs in 12 public health units;
- Determine the format and length of time of general nursing orientation programs;
- To provide a vehicle for sharing orientation documents with the pilot demonstration site team.

Other information gathered pertained to;
- Content and format recommendations from Chief Nursing Officers;

defined as a nursing orientation that is non-program specific, organized around the role of the public health nurse and the knowledge and skills that a beginning public health nurse requires about public health science and public health nursing

In addition to CNOs in health units, pilot demonstration site members were provided with a limited survey that was self-administered during a Project Workshop held March 28, 2008 (see Appendix A).

Although the interviewers were primarily interested in information about general nursing orientations and not program specific orientation programs, the CNOs who had program-specific orientations** provided a good deal information regarding orientation. Their comments included their aspirations to revise/enhance their orientation, the content and format of orientation and their support and recommendations for a general nursing orientation. The interviewers gathered this information for this Report.

**defined as nursing orientations that centre around key knowledge and skills PHNs require to work in that particular program, i.e., sexual health, healthy babies/healthy children, is clinically focused*

Method

Using a random numbers table, twelve health units were selected to participate in the environmental scan. A twelve question structured interview schedule was prepared and circulated to the Project's Advisory Board for review (Appendix B). Additions and revisions were made. The interview schedule contained both open-ended and closed questions. Comments were solicited from CNOs around specific issues. Participants were assured that data would be reported in an aggregate manner and no individual identifiers would be attached to anything they said. Their names and health units would

be listed at the beginning of the document. They could refuse to answer any particular question and could withdraw from the interview at any time.

The Project Co-leads Susan Kniahnicki (Algoma Public Health) and Karen Quiggley Hobbes (ANDSOOHA) circulated information to all CNOs in Ontario about the upcoming scan. The interviewers contacted the randomly selected CNOs by telephone, administered the twenty minute survey, made field notes and typed up the interviews for data analysis.

Analysis

Quantitative data from the interviews and the workshop data collection tool was entered into a spreadsheet for calculation of data. Frequencies are reported in the analysis.

Qualitative data from the transcripts was coded and analyzed to find patterns, label themes and develop category systems (Patton, 2002). The content analysis determined significant themes such as current status of orientation, challenges, enhancers, and strategies.

Results – Quantitative

Corporate Orientation

All of the Workshop attendees (N = 8) reported having a corporate orientation (defined as an orientation that all employees attend) and 9 out of 11 of the environmental scan participants reported having a corporate orientation. Some health units had two levels of corporate orientation – one for the region and another for the health unit.

General Nursing Orientation

Less than a quarter of the 19 (n = 4, 21%) respondents (11 CNOs in the environmental scan and the 8 Workshop attendees) met the definition of having a general nursing orientation program: one from an individual who attended the Workshop but did not represent a pilot site and three from the environmental scan sample of CNOs. Therefore, four health units in the sample met the definition of having a general nursing orientation.

General Nursing Orientation and Type of Health Unit

General nursing orientations were associated with all types of health units.

Table 1 Type of Health Unit

Urban	Mixed	Rural
2	1	1

Coverage of Specific Topics

When those having general nursing orientations (N = 4) were asked whether specific topics were included in the general nursing orientation, the following frequencies emerged. One of the four health units who had a general nursing orientation incorporated interdisciplinary collaborative practice as a topic. Interdisciplinary collaborative practice seems the least integrated of the topics within health units who have a general nursing orientation.

Table 2 Content of General Nursing Orientation

Respondent – General Nursing Orientation	CCHNSoP	Role in Emergency Response	Public Health Core Competencies	Interdisciplinary Collaborative Practice
Workshop Attendee (N= 1)	No	Yes	No	No
Environmental Scan sample 1	Yes	Yes	No	No
Environmental Scan sample 2	No	No	Yes	No
Environmental Scan sample 3	Yes	No	Yes	Yes
	2 yes, 2 no	2 yes, 2 no	2 yes, 2 no	1 yes, 3 no.

Responses from CNOs Having Program-Specific Orientations

Other CNOs and/or their delegates who did not have a general nursing orientation (N = 8) provided the following comments around the Canadian Community Health Nurses Standards of Practice (CCHNSoP), Public Health Core Competencies, the public health nurse (PHN) role in Emergency Response and Interdisciplinary Collaborative Practice.

The CCHNSoP

- We have a Nursing Practice Council who are rolling them out
- Give copies to new hires (x2)
- Member of Nursing Practice Council is developing a presentation for orientation
- Receive a copy of the Standards and they are discussed (in one program only)

And two respondents indicated that the CCHNSoP is not part of their orientation

The Public Health Core Competencies

CNOs who have a program specific orientation but not a general nursing orientation reported including the Core Competencies as follows:

- Yes, will be in professional development and in performance appraisal
- No, not part of (x 4)
- No, not part of orientation but we are in the process of revising
- No, not part of, are aware of them but haven't done anything yet

The CCHNSoP appear to have been disseminated more broadly than the Core Competencies in public health units.

Emergency Response

The PHNs Role in Emergency Response comments for those CNOs not having a general orientation was as follows:
- Yes, within the program specific orientation
- No not part of (x 4)
- Is included as part of other ongoing professional development (x3)

This topic's inclusion in orientation was varied

Interdisciplinary Collaborative Practice (ICP)

Of the health units who did not have a general nursing orientation, ICP was included as follows:

- Yes, new hires are encouraged to go and speak with different departments
- No, not part of (x 6)
- Included as part of other professional development activities

Many CNOs spoke of PHNs working in interdisciplinary teams in their health units. This topic is the least likely to be included in orientation in both the general nursing orientation and program specific orientation.

Format for Nursing Orientation

CNOs whose health units had a general nursing orientation (N = 4) were asked about the format of nursing orientation delivered. Four CNOs indicated that orientees were given a manual. Three respondents indicated that the manuals were for self-directed learning and the fourth indicated that the manual was for facilitated workshops. All responders indicated that facilitated workshops took place. Program managers and preceptors facilitated the workshops. There were no reports of on-line learning orientations.

Length of Nursing Orientation

Of those with a general nursing orientation (N = 4), two respondents indicated that their orientations were staged over more than 10 days and two respondents indicated that their orientation was held over 3 – 5 days.

Recommend Their General Nursing Orientation to Others

Varied responses emerged from the three CNOs who answered this question

- Yes, it is very comprehensive and we have had great success with it. Allows staff to be comfortable to move from one area to another in a few years.

- No, we are still in the early stages, we're still working out the bugs, learning from the last process

- Can't say, this process works for us in our particular agency.

Results - Qualitative Analysis of Responses and Comments

General Comments

Status of Orientation

CNOs identified that orientation was an important area for them and that it would be helpful to all new graduates. The majority of health units in the total sample (N = 19) had program specific orientation for hew hires but not a general nursing orientation. Most CNOs expressed concern with the resources that developing and maintaining a general nursing orientation would require but agreed that this type of orientation would be beneficial to new hires to public health nursing.

Chief Nursing Officers and/or delegates in health units who had general nursing orientation stated that they were in the early stages of implementing and "working out the bugs" from previous orientations. They spoke of having a general orientation for one program within a health unit and not another but wanting to extend the orientation. They spoke of expanding their orientation programs around the Public Health Core Competencies and the CCHNSoP.

Challenges

CNOs related that the learning curve is longer for a PHN. They thought that a general nursing orientation might shorten the learning curve. Many respondents noted that generally they did not hire a lot of staff. They reported that planning and implementing a general orientation is too time and money intensive for them. It is easier for these health units to orientate program by program rather than to bring new hires together. CNOs strongly expressed the need for a structured nursing orientation, providing a broader based nursing perspective. As a CNO stated "new graduates are lacking in the foundation of public health nursing" and "have little sense of working in the community". CNOs recommended that new hires have exposure to community partners, networks and coalitions during orientation regardless of the program into which they have been hired.

Some health units who are part of a region experience several levels of orientation - orientation to the region, a general public health orientation and PHNs then go onto program specific orientations. The general public health orientation varies widely: in some health units it may include human resources information, in others an introduction to public health theory and practice. These levels of orientation present a challenge to CNOs wishing to introduce a general nursing orientation, balancing the needs of the new hire with the needs of the managers anxious to deploy them.

Facilitators/Enhancers of Orientation

Several CNOs considered the ANDSOOHA Mentorship Program as a resource for developing an orientation package and the experience of mentoring would assist in orientation. A CNO identified the section in the Nursing Mentorship Resource Guide on conflict management and critical thinking as useful to the orientation package developers. The supportive aspect associated with mentoring was thought to assist new hires transitioning to public health nursing. Preceptors were also identified as an enhancement to orientation.

Orientation could be enhanced in a health unit, in the opinion of the CNOs by aligning it with the performance development system. CNOs spoke of linking orientation with the performance appraisal process, performance indicators, policy and position descriptions in their health units.   CNOs recommended that the orientation package be easily integrated into any type of health unit and that it be something that they could tailor to the requirements of their PHNs. They wanted a resource that didn't require development that was simple, user friendly and not demanding of the organization. CNOs of rural health units may not be able to provide an individual to manage the orientation and that the orientation needed to fit into their existing structures. They reminded the module developers that "it is us that are using this". The preceptors and nurse managers were most often mentioned as the facilitators of orientation by CNOs.

Approaches to Orientation

CNOs reminded developers of the need to address the new generations in planning the modules to address the demographic crunch as the population of PHNs in Ontario age. They suggested that a pre-assessment of new hires would be helpful. A helpful tool would assess a new hire's level of experience and then streamline the orientation to the individual's needs.   CNOs expressed their preference for a hard copy of the orientation package. Learning modules would provide them with the flexibility to tailor to individual needs. One CNO who has a general orientation program recommended that the orientation be more interactive with less power point presentations and more opportunities for discussion. Several CNOs spoke about a mixed format delivery but noted that a manual was a requisite. "Easy to implement" was a desired attribute of the proposed orientation package.

Strategies for Orientation

CNOs provided either actual strategies that they were using for orientation or recommendations about strategies that may work. CNOs recommended that new hires shadow PHNs to provide them with more of an overview of other PHNs' positions with the health unit with the benefit of assisting staff to move from one area to another in the future. This job shadowing may be a means to increasing health human resource capacity. Some tools were mentioned such as orientation checklists and policies.   A number of CNOs offered to share developed tools and packages with the project team.

<u>Important to Include</u>

CNOs emphasized that the PHN's full scope of practice must be presented, "they need to see the role they will play" and how they fit into the broader public health perspective at the beginning of their PHN career. Orientation must include "what true public health is and "the broader public health scope" than their first position usually provides. As one CNO stated, public health nursing goes beyond the current mandatory guidelines. Developers should pay particular attention to the PHN role in the community and PHN work as a whole within the community. CNOs cautioned that new hires be exposed to some of the fundamental challenges of public health nursing such as sustaining change over the long term and that sometimes the community does not want PHN interventions.

Specific Issues

The previous section reported general comments made by CNOs around orientation. The following section refers to specific aspects of an orientation, reflecting CNOs perceptions and opinions relating to these issues.

<u>CCHNSoP</u>

The implementation of the CCHNSoP varied whether or not they were included in a general or program-specific PHN orientation. CNOs related that the Standards were not specifically included in the orientation program and in some instances there was not a high level of awareness. There was a disturbing element in the integration of the Standards into PHN practice. In some health units, PHNs who reported to managers who were nurses discussed the Standards, while PHNs who reported to managers who were not nurses were given a copy of the Standards with no follow-up. One CNO stated "it's up to the individual if you are not reporting to a nurse". One health agency provided information about the standards in one program in which nurses worked while in another program, no information was provided. Another CNO reported that at present, integration of the CCHNSoP was up to each individual similar to the CNO Standards of Practice.

In a few instances, the Standards were embedded in a performance management system and built into the orientation. Position descriptions, policies and performance reviews helped to anchor the CCHNSoP in these health units. Strategies to integrate the CCHNSoP into nursing practice included providing copies to new hires, discussing the Standards, having orientation facilitators refer to the Standards and circulating a newsletter detailing a particular standard. One CNO stated that the nursing practice council was developing a presentation as part of the council's mandate.

<u>Public Health Core Competencies</u>

CNOs reported that the integration of core competencies for public health was varied in their health units. Some felt that staff were aware of the competencies

and were beginning to integrate them, " they are novices" while others reported that nothing was being done around the core competencies or that they were not a part of the orientation or professional development plans. Again, the core competencies were part of the PDP and performance appraisal process. One CNO related that PHNs were planning a presentation with a guest speaker during nursing week. CNOs felt that core competencies were important to include in an orientation and were associated with a full scope of practice that ensured success for PHNs in health units.

Interdisciplinary Collaborative Practice (ICP)

Many CNOs related that PHNs worked in interdisciplinary teams. One CNO noted that the lack of preparation for ICP was "a gap that we should fix". Other CNOs related that new hires were prepared in "broad brush strokes" for ICP with their health units. Those CNOs who prepared PHNs for ICP spoke of having new hires job shadow in other disciplines and sent new hires to speak to health professionals in other departments.

Links with University

A few CNOs reported collaborating with the local University around curriculum changes and student placements. They reported gathering information about public health nursing curriculum indirectly during this time. CNOs indicated that there was no collaboration between the University and themselves around orientation. Either there was no opportunity "we don't have a local University" or the CNOs did not pursue collaboration. One CNO related that the local university school of nursing did not have professors who understood the role of the PHN. As one workshop participant indicated – "we don't collaborate, not yet", indicating an intent to collaborate in future. Another workshop participant indicated that there was much opportunity for collaborating with her health unit and the local university "but not around orientation".

Summary

The findings of this randomly selected sample of CNOs and/or delegates in public health units and Workshop participants provides evidence that existing orientations, either corporate orientation, general nursing orientation and program specific orientation, vary in content, format and resources. Less than a quarter of the sampled health units (N = 19, 21%) have a general nursing orientation. Inclusion of key public health issues such as integration of the CCHNSoP, the PHN role in emergency response, integration of public health core competencies and interdisciplinary collaborative in either general nursing orientation or program specific orientations was varied from health unit to health unit.

CNOs endorsed the work of the Orientation: Transition to Public Health Nursing project as important to public health nursing. Most CNOs welcomed the opportunity to review the orientation package once developed. They supported the idea of developing modules within an orientation package. CNOs provided guidance for content inclusion. Most endorsed the CCHNSoP as an important piece of a new hires knowledge base. Core

competencies were less apt to be recommended and interdisciplinary collaborative practice was identified by CNOs as a learning gap. Emergency response was addressed in corporate orientations and may or may not have contained information specific to the PHN role.

CNOs generously provided strategies and tools such as policies to inform the orientation project. They suggest that a hard copy manual in addition to other formats would be helpful. They caution the project team that the final orientation package should be easily integrated into existing health units' structures and processes. The final orientation package should require few resources to implement, be tailored to a new hire's needs, be easy to use and promote discussion/ interaction between new hires and orientation enhancers such as preceptors and mentors. CNO's suggested that the orientation information be realistic and reflect the broader public health scope of practice as demonstrated in the public health core competencies.

The members of the pilot demonstration sites and the project team will craft an orientation package more responsive to the realities of current public health nursing practice as a result of this environmental scan. The Working Group and Project Team appreciate having a clearer and more complete picture of existing orientation approaches and appreciate the recommendations provided by the CNOs to inform this project.

Reference

Patton, M. (2002). *Qualitative research & evaluation methods*. (3rd Ed) Thousand Oaks: Sage.

Data Collection Tool

Corporate and Nursing Orientation in Your Health Unit

Health Unit _____ (*please submit one form per health unit*)

Reporter _____

Questions	Yes	No
1. Does your health unit have a corporate orientation? (*i.e. all employees attend*)		
2. Does your health unit currently have a general nursing orientation? (*i.e. all nurses attend, the orientation is <u>not</u> program-specific*) **If you have answered no, please skip to question # 6.**		
3. Does the content of the general orientation include the Canadian Community Health Nursing Standards?		
4. Does the content of the general orientation include the PHN's role in Emergency Response?		
5. Does the content of the general nursing orientation include the Public Health Core Competencies?		
6. Have you collaborated with the local University to determine what they are providing in the nursing students' curriculum related to public health?		

Please complete the following questions only if you have a <u>general</u> nursing orientation program in your health unit.

7. **What is the format of the general nursing orientation program? (Check all that apply)**
   - ☐ **Self-directed**
   - ☐ **On-line**
   - ☐ **Facilitated workshops → who facilitates (their title)? _____**
   - ☐ **Other: please describe _____**

8. **How long is the general nursing orientation program (# of days)?**

   - ☐ **< less than one day**
   - ☐ **1 – 2 days**
   - ☐ **3 - 5 days**
   - ☐ **over 5 days**
   - ☐ **Other _____**

Environmental Scan –General Nursing Orientation

Health Unit: Interviewee:_____   ID Code:

Interviewer's Script - Telephone Interview

Hi my name is _____ and I am the consultant hired by Algoma Public Health and ANDSOOHA. Algoma Public Health and ANDSOOHA have received funding from the Ministry of Health and Long Term Care through the Nursing Secretariat and are partnering in this project to design and develop an Orientation Package and Toolkit for nursing orientation. You may have seen our recent flyers.

I would be happy to tell you more about the project - Orientation: Transition to Public Health Nursing for new hires to public health.

As part of the project, we are conducting an environmental scan of current orientation programs for new hires to public health nursing. This information will be used to inform the Nursing Orientation project about what other health units are including in their orientation packages for new hires in nursing.

Are you the person most responsible for nursing orientation in your health unit or would it be more appropriate for me to speak with someone else?

Do you have time now to answer approximately 12 questions taking 15 minutes or could I arrange to speak with you at another time?

Please be aware that you may choose not to answer any of the following questions or withdraw your participation at any time without fear of consequences. The answers that we receive will be collated and shared with the product development team.
No individual identifiers will be attached to the answers that you give us. Data will be destroyed by the project team within one year of project completion.

You may have orientation products that you would like to share, for example, policies, evaluations, curricula. Your health unit's contribution would be recognized in the final orientation package and the report to the Ministry of Health and Long Term Care.

> *Thank you for agreeing to participate in this environmental scan.*

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1. **Does your health unit have a corporate orientation (see explanation below)?**

    a. Yes
    b. No
    c. Don't know

    Corporate orientation refers to the orientation that all employees attend when they begin work at your health unit

2. **Does your heath unit currently have a nursing orientation program (see explanation below)?**

    a. Yes - as part of the corporate orientation to the organization → continue to question # 3
    b. Yes - as a separate general nursing orientation→ continue to question # 3
    c. Yes – as part of a program-specific, i.e., Healthy Babies, Healthy Children orientation → go to # 11
    d. No, we do not have a nursing orientation program   → go to question # 11

Nursing orientation can be either general, i.e., for all public health nurses in the health unit or program-specific orientation, i.e. an orientation for HB/HC program or Communicable Diseases.

3. **What format is used to deliver the nursing orientation program? (Check all that apply**)
   a. Self-directed
   b. On-line
   c. Facilitated workshops → who facilitates (their title)? _____
   d. Other: please describe _____

4. **How long is the nursing orientation program in your health unit (# of days)?**

   a. < less than one day
   b. 1 – 2 days
   c. 3 - 5 days
   d. 6 - 10 days
   e. greater than 10 days (please specify:) _____
   f. Other _____

5. **Does the nursing orientation contain the following content?:**

   5.1 Canadian Community Health Nursing Standards (CCHNSoP)
   a. Yes
   b. No, not part of nursing orientation
   c. CCHNS is included as part of other ongoing professional development opportunities

   5.2 PHN's Role in Emergency Response
   a) Yes
   b) No, not part of nursing orientation,
   c) Is included as part of other ongoing professional development opportunities

   5.3 Core Competencies for Public Health

   a) Yes
   b) No, not part of general nursing orientation
   c) Core competencies are included as part of other ongoing professional development opportunities

   5.4 Interprofessional collaborative practice (or interdisciplinary practice)

   d) Yes
   e) No, not part of general nursing orientation
   f) Is included as part of other ongoing professional development opportunities

6. **Have you collaborated with the local University when developing/updating your health unit's nursing orientation program?**

(*Prompt* – for example, what public health information is included in undergraduate curriculum)

   a. Yes, could you give an example of this collaboration?
      _____
   b. No
   c. Don't know

7. **Would you recommend your health unit's nursing orientation to other health units?**

   a. Yes

b.   No → why not?_____

8.   How could your health unit's nursing orientation be improved?

_____

_____

9.   **In your opinion, what is most important to include in a nursing orientation for success**?

_____

_____

10. **Would you be willing to share any of the resources you use for nursing orientation with our Working Group?**

        a.   Yes → which ones? (*prompt* – policy, evaluation, resources)
        b.   No
        c.   Maybe? What would need to be done to help you share the resources?
             _____
        d.   Not at this time, call me later

11.Would you be willing to review the general nursing orientation on behalf of the project when it has been developed?

    a)   Yes → please record the contact information here)

    b)   No
    c)   Maybe?
    d)   Not at this time, call me later

12.Other comments? _____

_____

_____