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Preparing Ambulatory Care Leaders for Service: Onboarding to Mentorship

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Abstract

At a large academic medical center in the Southeastern United States, a gap was identified in the process for onboarding and mentorship new leaders in the ambulatory care setting. Based on the evidence in the literature, a standardized onboarding and mentorship program can improve job satisfaction and retention of leaders. A program was developed to bridge this gap and provide educational support for new leaders. Participants completed surveys at the onset and conclusion of the program with a validated survey tool. While the quantitative results were not statistically significant, the feedback from the participants indicated the time spent in the program was helpful.

Key Words (Maximum of six)

- Ambulatory
- Outpatient
- Leadership
- Onboarding
- Orientation
- Mentorship

Body of the Article in Format as Required by Journal

Preparing Ambulatory Care Leaders for Service: Onboarding to Mentorship

Stable, well-prepared leaders can improve the quality of care delivered, the engagement of staff, and the satisfaction score of patients (Price et al., 2018). The converse is also true. Areas with high rates of leader turnover, in which leaders are not well-prepared, frequently experience difficulty with quality metrics, staff retention, and patient satisfaction (Duffield et al., 2011). Many new leaders do not transition successfully to the leadership role due to a lack of preparation (Schlaak, 2019). Taking the time to onboard and mentor new leaders to the position can positively impact healthcare organizations (Vitale, 2018).

Practice Problem Recognition

At a large academic medical center in the Southeastern United States, Ambulatory Care Clinics experience high rates of turnover in mid-level leadership positions of Clinic Manager and Clinic Nurse Lead. Out of 40 Clinic Manager positions, 11 have turned over in the last year, and there are presently five vacancies. Additionally, 20 clinics have added the role of Clinic Nurse Lead, which is a leadership position under the supervision of the Clinic Manager. There are two vacancies in the role of Clinic Nurse Lead. A brief, informal survey of new leaders identified a need for better training for leaders. New leaders were asked to answer the following question, "do you feel your orientation prepared you for your first 30 days post-orientation?" One new leader stated, "my orientation didn't really go over a lot of manager information. I am not sure if there is a way to incorporate that into the orientation for someone who has a dual role?" Another said, "Yes. However, I would have loved to have received information about performance evaluation and having difficult conversations." Current nursing literature

supports the implementation of a standardized, formal program for providing new leaders with the necessary tools to succeed in the leadership role. The project location does not have such a plan for onboarding and mentoring Ambulatory Care Leaders. Based on the analysis of turnover rates in leadership positions and feedback from new leaders, a gap has been identified in the preparation of new leaders to the role.

A new onboarding and mentorship curriculum will be developed to meet the identified needs of new leaders in Ambulatory Care. For the purposes of this project, new leaders will include the roles of Clinic Managers and Clinic Leads. This project will attempt to answer the question, "does an onboarding and mentorship curriculum influence intent to stay for new leaders in Ambulatory Care at the end of the curriculum?"

Organizational Analysis

This urban academic medical center is an organization that embraces change if the change can be shown to enhance the quality or safety of patient care. Current literature demonstrates the impact the leaders can have on patient care (Brooks Carthon et al., 2019; Sasso et al., 2019). Implementation of an onboarding and mentorship curriculum can better prepare leaders (Vitale, 2018).

A SWOT analysis is another means to prepare a needs assessment (Zaccagnini & White, 2017). In a SWOT analysis, there is an examination of strengths, weaknesses, opportunities, and threats. Strengths include a willingness to change to meet the needs of the patients served. Additionally, the academic medical center has access to a plethora of resources. Weaknesses include multiple competing priorities for educational time. For example, Managers and Clinic Leads are frequently called into staffing and pulled out of

educational activities. Opportunities include building leaders better equipped to face the challenges presented by the current healthcare climate. Threats include the cost of the project during a time of heightened fiscal awareness.

Cost Analysis

A cost analysis is needed before the implementation of a project to ensure adequate resources to see the project to completion. This project will add a consistent framework for the onboarding of new leaders. There will be an additional cost for class time. The new curriculum calls for all new leaders to attend approximately 11 days of in-seat classes. All leaders in Ambulatory Care at this urban academic medical center are salaried employees, but an analysis of average salary converted to an hourly rate produces an estimate of $43 per hour. Based on the average wage, this leads to a calculation of $3,800 per new leader for class time. Besides, the Clinic Managers and Leads serving as preceptors and mentors will also require training time. This curriculum will include four hours of training for preceptors at an average cost of $172 per leader. All mentors will attend six hours of training at an average price of $258 per leader. There will also be scheduled time for mentors and mentees to meet monthly, which will produce an estimated cost of $86 per month per mentor/mentee pair. Clinical education will also accrue charges while developing and implementing the project.

Li and Jones (2013) performed a literature review to examine the cost of nursing turnover and found a range of $12,000 to $80,000 per nurse. A study by Rasmeur et al. (2018) notes that many leadership positions remain vacant for more than a year before being filled, leading to over $180,000 in recruitment and costs of employing temporary Managers from temporary agencies. It is difficult to calculate precise costs due to

inflation and regional differences in salaries. Regardless of the exact cost of turnover, it is cheaper to adequately prepare new leaders than to replace those that leave the role.

Outcomes

The purpose of this project is to improve the preparation of new Ambulatory Care Services Managers, and Clinic Leads for positions of leadership within the organization. Evidence within the literature supports the implementation of an onboarding and mentorship program to improve intent to stay among leaders (Brooks Carthon et al., 2019; Hewko et al., 2015; Jones, 2017). Additionally, the literature supports this practice to improve patient safety, staff engagement, and staff intent to stay (Duffield et al., 2011; Price et al., 2018).

Outcomes will be measured with a validated survey tool. There are two objectives for this project, which will be measured by the end of the evaluation period in June 2020:

- overall job satisfaction among leaders, as measured by a standardized measurement tool, will improve by 2%
- intent to stay among leaders, as measured by a standardized survey tool, will improve by 2%.

Project Scope

According to Zaccagnini and White (2017), the project scope statement defines the parameters of the project. The scope of this project is to design and implement an onboarding and mentorship curriculum to increase the leadership competencies of new Ambulatory Care Leaders (Clinic Managers and Clinic Leads). The project will not

include any roles outside of the two listed above. The project will not involve any leaders outside of Ambulatory Care.

Application of Theory

The main theoretical framework chosen is the Duffy Quality Caring Model. This model incorporates a structure like the Donabedian Model, which includes the concepts structure-process-outcomes (Duffy & Hoskins, 2003). Duffy's Model is one of putting a structure in place, implementing changes, and measuring the outcomes. This structure for this DNP project is the newly standardized onboarding and mentorship procedures. The process is the interventions in the form of 1) pairing new leaders with a preceptor while in orientation, 2) sending new leaders to standardized orientation classes, 3) documenting competencies with a standardized tool, and 4) provision of ongoing growth by pairing new leaders with a more experienced mentor. The outcomes are ways to measure the success of the program. Based on the evidence in current literature, implementation of the interventions listed above will improve job satisfaction for the leader, employee engagement of the staff, and patient satisfaction. Ultimately, the goal is to improve the intent to stay for new leaders.

Evaluation of Outcomes

The research question for this study is as follows: Does participation in the onboarding and mentorship program significantly affect intent to stay and job satisfaction? The new Managers and Clinic Leads will participate in the onboarding and mentorship program as a job requirement. The Managers and Clinic Leads will be invited to participate in the surveys to collect data to evaluate the program. The completion of the

surveys will be voluntary. Participants will be provided an informed consent describing the nature of the study.

For this project, the effectiveness of the interventions will be measured via an online survey. The tools used will include the Academy of Medical-Surgical Nurses (AMSN) job satisfaction, intent to stay, and program satisfaction surveys. Job satisfaction is assessed with a 22-item survey measured on a 5-point Likert scale. Intent to stay is assessed with a 14-item survey measured on a 7-point Likert scale. Program satisfaction is assessed with an 11-item survey measured on a 5-point Likert scale and includes a text box for comments.

All three surveys will be administered via the same survey link via an online Redcap (Research Electronic Data Capture) survey system (Harris et al., 2019). The link to the survey will be sent to the participants at the beginning and end of the program by email. For this project, the data collection period will be from February 2020 to June 2020.

Implementation

Before implementation, the Institution Review Boards (IRB) at the implementation site and the academic university sponsoring the primary investigator approved the program. IRB granted this approval on February 4, 2020. All ambulatory care leaders (managers and clinic leaders) onboarded after February 4, 2020, were required to participate in the orientation and mentorship program and asked to complete the survey tools. Survey completion was voluntary. Implementation began with the first leader hired on February 16, 2020. A total of five leaders hired between February 16, 2020, and April 13, 2020, were included in the program. Three of the five leaders were

new to the organization, and two were promotions from within the organization. Four of the leaders were Managers, and one was a Clinic Lead.

Participants were paired with a preceptor while in orientation and a mentor during the mentorship period. Orientation will last approximately six to eight weeks, and the mentorship program will last three months. The total time for participation in the program will require about 88 hours.

In the first week with the organization, leaders were invited to participate in a welcome session, during which the leaders and their preceptors received an overview of the program and reviewed the informed consent for participation. The program consisted of a standardized list of classes, online lessons, and a competency-based orientation (CBO) packet. The leaders were enrolled in courses in the learning management system. Additionally, an electronic calendar invitation was sent to the leaders as a reminder to attend courses. The CBO packet was emailed to the new leaders for completion with preceptors.

Barriers

The implementation of this project occurred at the onset of the global pandemic of Coronavirus Disease 2019 (COVID-19). COVID-19 created multiple barriers to this project. One barrier was a decrease in hiring due to an increase in operating costs and a decrease in patient volumes leading to a reduction in revenue. Several manager positions were placed on hold to save costs. A second barrier because of the financial concerns during this pandemic was a temporary lay-off of non-essential personnel. Many of those identified as non-essential were presenters for courses included in the implementation plan. A third barrier was the leaders hired during this period were needed in staffing and

thus had competing priorities leading to the rescheduling of orientation activities. The preceptors and mentors also found it challenging to spend time covering orientation material with the new leaders.

Consequently, the author spent time each week with the new leaders serving as an adjunct leadership mentor. The inability to host in-seat courses due to the need to socially distance and maintain stringent infection prevention also posed a threat to this project. Adjustments were made to the educational delivery methods to allow for the content included in this program to be delivered electronically.

Project Sustainability

Because of limited preceptor time and resources, the need for this project was never more evident than during the pandemic. A standardized process for orienting, onboarding, and mentoring new leaders is crucial to increase leader job satisfaction and retention. This project will not only continue but will be expanded to include all leaders hired within the organization after adjusting the curriculum content based on feedback from participants.

Interpretation of Data

Data were reported in an aggregate form. For this project, there was one independent variable (satisfaction with the onboarding and mentorship program), multiple dependent variables (job satisfaction and intent to stay), and the covariate was job stress. The study question is, “does the satisfaction with the onboarding and mentorship program significantly affect job satisfaction and intent to stay among new ambulatory care leaders after adjusting for job stress?”.

The data were analyzed using IBM SPSS Statistics (version 25) software. A one-way multivariate analysis of covariance (MANCOVA) was conducted to determine the effect of the satisfaction with the onboarding and mentorship program on job satisfaction, and intent to stay while controlling for on the job stress. MANCOVA results revealed no significant differences among the satisfaction with the onboarding and mentorship program on the combined dependent variables [Wilks' = .167, F (2, 1) = 2.5, p = .408, multivariate ^{2} = .833]. The covariate (on the job stress) did not significantly influence the combined dependent variable [Wilks' = .105, F (2, 1) = 2.5, p = .325, multivariate ^{2} = .895]. Analysis of covariance was conducted on each dependent variable as a follow-up test to MANCOVA. Satisfaction with the onboarding and mentorship program was not significant for intent to stay [F (1, 2) = .200, p = .091, multivariate ^{2} = .895] or job satisfaction [F (1, 2) = 9.00, p = .095, multivariate ^{2} = .818].

Sample Characteristics

The sample for this project included five new leaders to Ambulatory Care Services. Three of the five leaders were new to the organization, and two were transfers from non-leadership roles. Four of the new leaders were Managers, and one was a new Clinic Lead. No demographic data were collected in the survey.

Findings and Implications

Overall, job satisfaction did decline slightly between the survey conducted at the beginning of orientation as compared to the survey conducted at the end of orientation, moving from an average of 4.1 to 3.9 on a scale from 1 to 5, with 1 being extremely dissatisfied and 5 being extremely satisfied. This average indicates a 4% reduction in job satisfaction. Participants did not report a difference in the importance of the work, the

opportunity to use skills, and the ability to be creative. See the results in Figure 1. The intent to stay did not improve between the survey at the beginning of orientation as compared to the survey conducted at the end. Intent to stay moved from an average of 3.4 to 3.9 on a scale of 1 to 7, with 1 being strongly disagreeing and 7 strongly agreeing with thoughts of leaving their jobs. This average indicates a 7% increase in thoughts of leaving their job. See the results in Figure 2. The results of the program can be seen in Figure 3. The MANCOVA results did not find a statistically significant correlation between satisfaction with the orientation and mentoring program and intent to stay or job satisfaction when controlling for job stress. The sample size was limited.

Comments from the leaders included the following:

1. It is hard to determine if this program would have been more beneficial before COVID-19. Many of the resources I should have been able to access were not available. People were laid off or doing multiple jobs and didn’t have time to help.
2. COVID-19 made it difficult to gauge the program’s full potential. It was stressful to try to onboard while laying off staff.
3. I found the orientation checklist that Kara Simpson created to be very helpful because it was succinct and helped me navigate the first few days.
4. Great program!

Lessons Learned and Limitations

The first cases of COVID-19 arrived in the United States in February 2020 at the exact time IRB approval was procured for this project (Centers for Disease Control and Prevention, 2020). The project moved forward to work with new ambulatory care leaders,

but fewer leaders were hired during this period due to a pause in hiring related to COVID-19. Additionally, the organization faced temporary lay-offs for some of the staff members teaching some of the courses included in the orientation and onboarding project. Social distancing also created barriers to holding in-seat courses for the orientation and mentorship sessions. Courses had to be converted to virtual online presentations. Challenges faced during COVID-19 provided an opportunity for flexible and creative problem-solving. Technology and frequent communication provided the solution to many of these challenges.

Recommendations

This project needs to continue and grow. Many leaders within the organization expressed interest in having this program expand outside of ambulatory care and encompass the entire organization. The curriculum will need to adapt slightly to meet the needs of the broader audience. Additionally, changes to the educational formatting will be required to meet safety guidelines. The in-seat courses can be converted to virtual presentations.

Summary

Environmental scanning and preliminary needs assessment led to the identification of leader onboarding and mentorship as a practice gap in Ambulatory Care. An analysis of current programs, literature review, and collaboration with key stakeholders to the development of a plan to implement a formal onboarding and mentorship program for new leaders. Nursing theories were used to guide this evidence-based project. After receiving IRB approval, the onboarding and mentorship program was implemented and met with excitement from new ambulatory care leaders. Barriers were

encountered due to COVID-19, but modifications let to a successful implementation. Quantitative results of participant surveys were not statistically significant and did not meet the outcomes set for in this project to improve job satisfaction and intent to stay by 2%. It is challenging to draw quantitative conclusions; however, due to the limited sample size. Qualitative feedback on the post-surveys was positive and indicated a need to continue the program.

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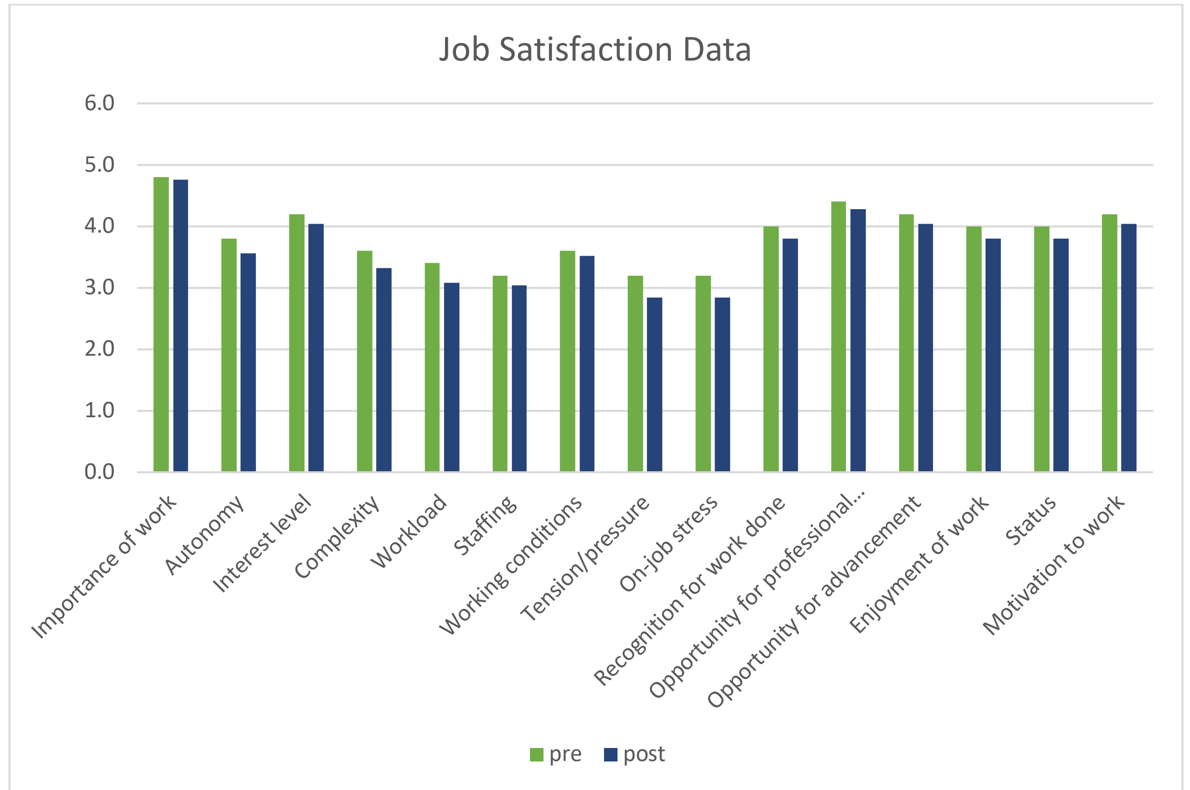

Figure 1. Overall job satisfaction.

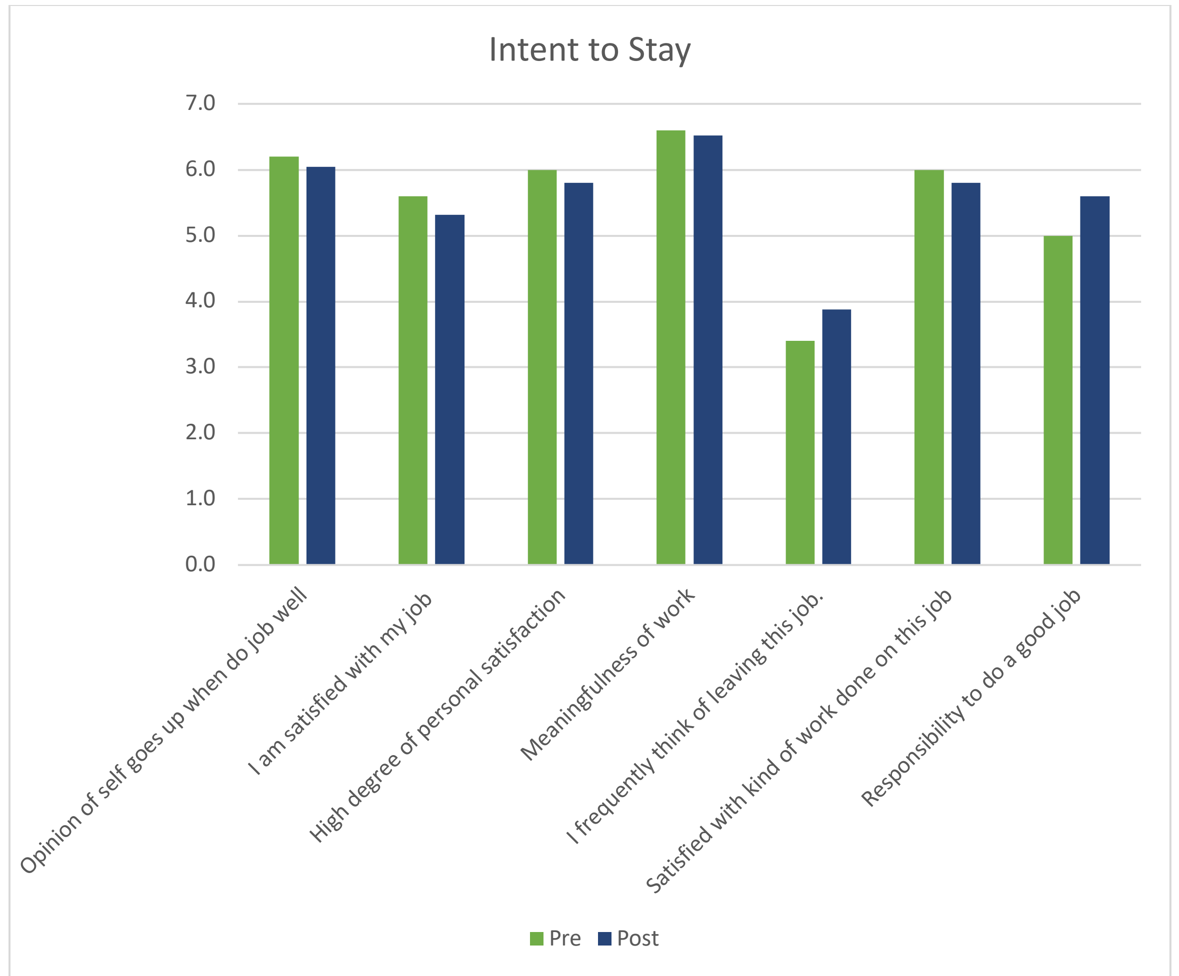

Figure 2. Overall intent to stay.

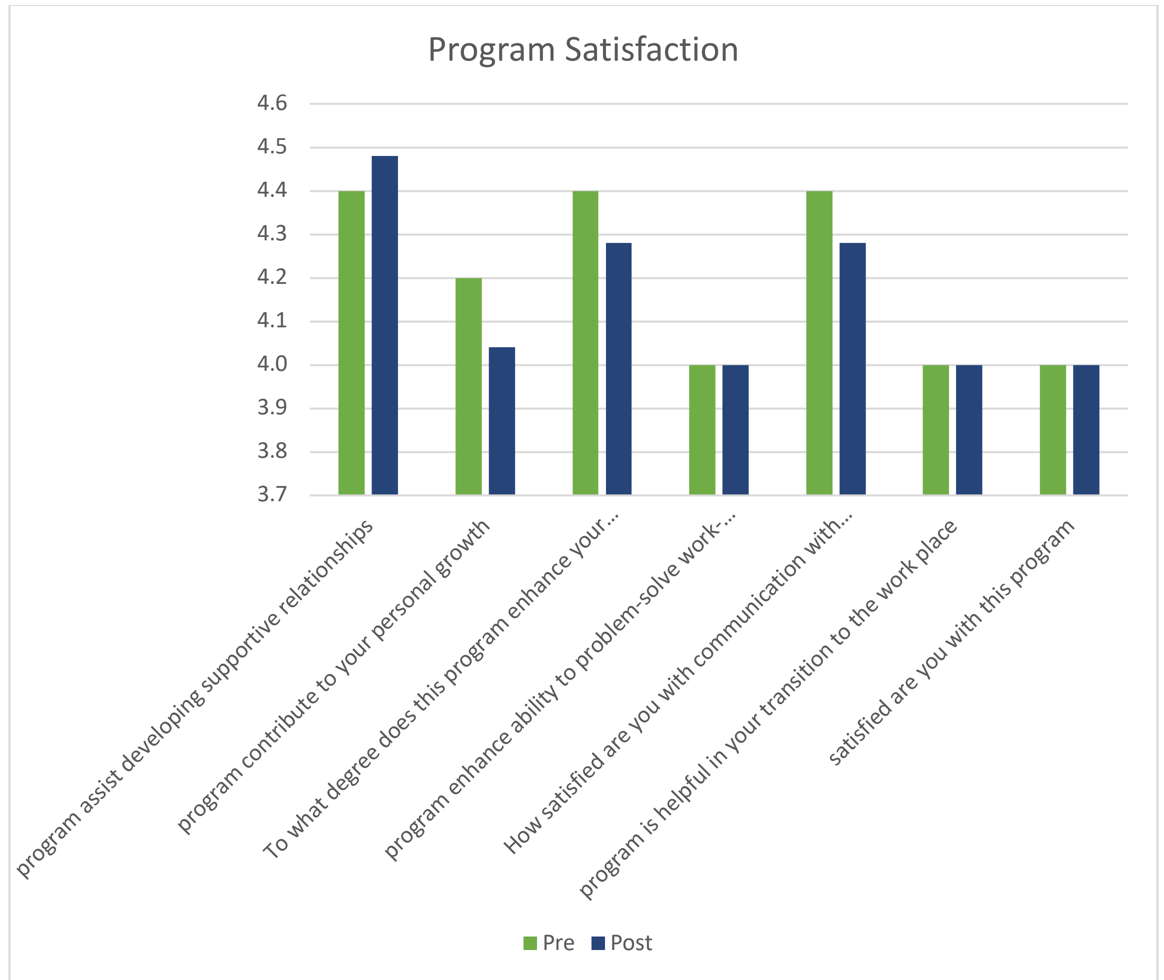

Figure 3. Overall program satisfaction.