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How COVID-19 CHANGED NEW NURSE ORIENTATION

Lindsey JS Sanders

lstinson5@patriots.uttyler.edu

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<http://hdl.handle.net/10950/4102>

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How COVID-19 CHANGED NEW NURSE ORIENTATION

L. Sanders

A Paper Submitted in Partial Fulfillment of the Requirements for

NURS 5382: Capstone

In the School of Nursing

The University of Texas at Tyler

To

Colleen Marzilli, PhD, DNP, MBA, RN-BC, CCM, APHN-BC, NEA-BC

12/04/2022

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Executive Summary

COVID-19 has affected many different people in several different ways. During COVID-19 many people lost their jobs, lost their homes, could not buy groceries, and experienced various types of hardships. Many people were falling ill with COVID-19 and needed care at their local hospitals. Health professional staff was overwhelmed with the influx of COVID-19 patients. During this time many universities shut their doors and forced students to continue their studies from home. The world was needing more and more nurses on the front lines to handle the COVID-19 pandemic. The future of nursing was hanging on by a thread since many nurses were leaving the field due to the hardships of COVID-19.

Universities were no longer able to do in person learning for nursing students. Nursing students were being taught vital skills like inserting an IV catheter via online simulation. The number of hours nursing students had to participate in clinical hours at the hospital was diminished due to the hospitals not allowing in nursing students. This created a huge educational deficit in nursing students. The nursing students who graduated during the COVID-19 pandemic are arguably less skilled than their predecessors before them. To fill this educational gap, additional training and orientation time must be provided to allow for fully competent new graduate hires. Allowing more preparation for new graduates will reduce errors thus reducing hospital costs.

Rationale

Underprepared new graduate nurses pose a risk to patients. Knowing how to complete a skill via a book or a lecture is different than completing a skill safely on a real patient. New graduates might have never completed certain skills in person before. This poses a risk to the patients' safety. An unskilled new graduate nurse may break sterile field while inserting a foley

catheter. This lack of proper skill could lead to the patient getting a catheter-associated urinary tract infection (CAUTI). A patient developing CAUTI leads to spending more time in the hospital due to antibiotic care. This falls back on to the hospital as a hospital acquired infection.

Hospital acquired infections are preventable and should be taken seriously. The goal of a patient going into a hospital is to get well and go home. Hospital acquired infections lead to longer hospital stays for the patient and more money lost by the hospital. Hospital acquired infections are preventable. New graduate nurses must have the proper training to reduce hospital acquired infections. This not only improves patient outcomes but also helps reduce hospital costs.

In addition to hospital acquired infections, unprepared new graduate nurses pose a risk for medication errors. If a nursing student had very little interaction with giving real life patients medications due to COVID-19 stipulations than they pose a risk for medication errors. Nurses must follow the five rights of medication administration which are as follows: the right patient, the right drug, the right dose, the right route, and the right time (Federico, n.d.). Nursing students learned this in their studies but might not have ever had to follow them on a real-life patient. Medication errors could be life-threatening to the patient. Additional training to new graduate nurses could reduce the risk of medication errors thus protecting the patient and the hospital from an unwanted outcome.

Literature Synthesis

A systematic review study by McCutcheon, et al (2015) was found regarding the impact online education has on nursing student's vs face to face education. The article showed that online education was not better or worse than face-to-face education. 10 out of 13 studies within

the review were found to prefer online education over face-to-face. One of the reasoning behind preference for online education was that “the ability to repeat the online activity and review the content at their own pace enhanced their learning and skill performance” (McCutcheon, et al., 2018, p 13). 3 out of the 13 studies found that online education was difficult for students. These articles show that education can be done online but it does include barriers. Important skills like inserting a nasogastric tube should not be left up to online education where there are barriers related to ensuring the technique is accurate and understood (Sanders, 2020).

Experiences of nursing students in Spain during the abrupt change from face-to-face to e-learning education during the first month of confinement due to COVID-19 were analyzed within Ramos-Morcillo, et al., (2020). This study interviewed nursing students from two different colleges in Spain about their feelings on online education. This study clearly stated, through the interviews of 32 students, that face-to-face learning was better. Some students lived in rural areas and could not get internet access to complete assignments. Students felt unprepared for clinical activities in the hospital due to learning them online and not in person-for example, nursing students learning to insert a catheter without having a mannequin to practice on. Overall, “e-learning brings more limitations to students who are older, with work and family responsibilities, living in a rural environment and with limited electronic resources” (Ramos-Morcillo, et al., 2020, p. 11). Online nursing education created a feeling of unpreparedness throughout the nursing student population when presented with an opportunity to go to a clinical setting. These feelings could have impaired the students’ judgement and could have made the learning experience of the clinical environment unproductive. Also, online education presents limitations to some students, reducing the amount of student nurses able to participate in nursing school (Sanders, 2020).

A randomized control trial (RCT) article titled Online learning versus blended learning of clinical supervisee skills with pre-registration nursing students: A randomized controlled trail. This study consisted of 122 nursing students randomly assigned to the online control group or the blended learning group. Participants recorded their progress and thoughts about the classes on a mobile app. Participants' motivation and knowledge were recorded in the mobile app. Blended education scored higher in both motivation and in knowledge. The study showed that "blended learning provides added pedagogical value when compared to online learning in terms of teaching undergraduate nurses" (McCutcheon, et al, 2020, p.30). A great way for universities to help reduce COVID-19 exposure was with blended learning. This meant some education was done online and some was done in-person. The goal would have been to reduce in person class time by creating lectures online and to allow more time for in-person simulation labs or in-person clinicals. Nursing students simply must have in-person experience to perform skills. The difficulty lies in trying to figure out how much in-person experience a new graduate had during the COVID-19 pandemic (Sanders, 2020).

These literary articles show that many universities across the world had to provide online or blended education to their nursing students. It is proven that online education is not the most reliable for demonstrating skills for nursing students. Being able to learn content via online education did not pose an issue, besides some students not having access to online education. The obvious lack of in-person skills education is apparent and needs to be addressed. Hospitals providing more time for new graduate orientation and set time aside for simulation lab experience, new graduate nurses will be more confident in their skills (Sanders, 2020).

Stakeholders

The stakeholders in the proposed extension of new graduate nurse orientation are hospital administration staff, current nurses, current nurse managers, and patients. The hospital administration will question if extending new graduate nurse orientation time will be worth the cost. Keeping nurses in orientation for longer will cost the hospital more money, because they are paying for the nurse to get simulation lab time and to be on the floor with an experienced nurse. On the other hands, if the orientation time is kept the same then the hospital does not lose any money. Although, with the posed risk new graduates have causing CAUTI and medication errors, in the long-haul hospitals will be saving money ensuring new graduate nurses are competent to work the floor by themselves.

Current nurses will be put at a disadvantage because they will be required to train a new nurse for a longer period. Although, current nurses should feel relieved to know that they are releasing a new graduate nurse to work by themselves who is fully competent in their skills.

Current nurse managers will have more work in the beginning because they will need to be paying extra attention to the new graduate nurse and will also have to staff accordingly since the new graduate nurse will still be with their preceptor. But, in the long run this will reduce the workload off the nurse manager because they will know that the new student nurse will be fully competent and will be less of a risk to the hospital unit. Patients will be at less risk of medication errors and hospital acquired infections when it is made certain that new graduate nurses are qualified to be taking care of them.

Implementation

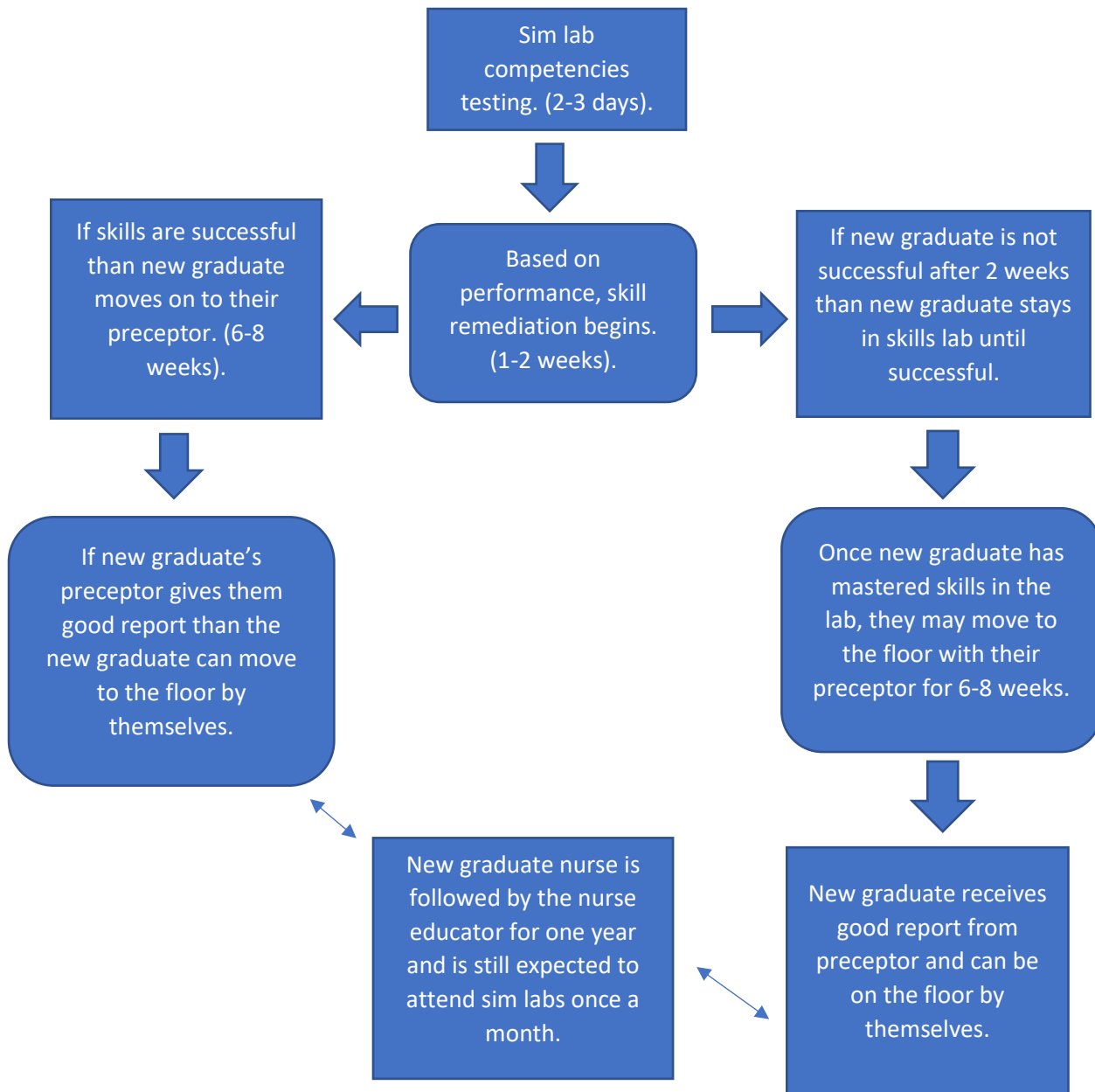
To ensure patients are receiving the best possible care hospitals will need to provide skill set learning to new graduate nurses. Finding the skills that might be lacking in new graduate nurses

and educating them will improve patient outcomes. It is recommended that new graduate students are given additional training at their jobs through online, group activities and simulations for 6-12 months. This strategy will better prepare the COVID-19 new graduate nurse (Feeg, et al., 2022). The proposed steps to implement a well-rounded new graduate nursing orientation are as follows.

- I. Have sim lab competency testing on new graduate nurses. Set aside one day and allow new graduates to place foleys, IV's, and other competencies on sim lab mannequins.
- II. Have hospital nurse educators grade the students on their performance on the sim lab day.
- III. Based on the new graduate student's performance allow for skill remediation days.
- IV. Once all new graduate students have performed well in their skill sets allow them to be assigned a preceptor on the floor.
- V. Have the preceptor evaluate the new graduate nurse each week and have the nurse educators review the evaluations.
- VI. If a new graduate nurse is not exceeding or meeting expectations with the preceptor, then allow for more time with the preceptor.
- VII. Once a new graduate nurse has exceeded in the skills lab and with their preceptor the new graduate nurse can leave orientation and be on the floor by themselves.
- VIII. New graduate nurse is still followed by the nurse educator for one year after being off orientation. For one year post orientation new graduate nurses still practice skills in the sim lab.

(Sanders, 2022).

Timetable- New Graduate Nurse Orientation Timeframe



The timetable is a visual representation of the proposed plan. This allows for a detailed time frame for hospitals to follow. It is impossible to keep a new graduate nurse on orientation forever, so a timeframe was created for reference. If a new graduate nurse is still not skilled

enough to be placed on the floor by themselves the hospital might need to review the new graduate nurse's status at the hospital (Sanders, 2022).

Data Collection Methods

The nurses who are precepting the new graduate nurses will be the ones who will have the most idea how the new graduate nurses are performing. Surveys and evaluation forms will need to be completed by the preceptors on the new graduate nurses. Information like the new graduates' skill levels will be asked on the surveys. Also, how safely the new graduate nurse is performing skills. Nurse managers will also be asked to complete evaluation forms. The nurse managers will be required to meet with the new graduate nurse and go over their evaluation together. The preceptor will be asked to turn in their evaluations of the new graduate nurse anonymously to the nurse manager. This is to reduce any retaliation from the new graduate nurse onto the preceptor. The relationship between the preceptor and new graduate nurse must remain positive. The overall examination of the new graduate nurse will be left up to the nurse manager.

Suggestion boxes will also be placed on units that have new graduate nurses. Anyone, even new graduate nurses can submit suggestions on how the new graduate nurse orientation is handled. This will allow a lot of feedback from everyone involved in new graduation orientation. New graduates affect everyone on the hospital unit, and everyone should have a say on how the orientation is going. Patients can even submit suggestions or comments. Since the goal of a longer new graduate nursing orientation is to improve patient outcome, the patient should be asked feedback.

Cost and Benefit Discussion

According to the CDC, on any given day about 1 in 31 patients develop a hospital acquired infections. This costs the hospitals on average about \$28.4 billion each year. (CDC, 2021). The cost of a new graduate nursing orientation varies from hospital to hospital. On average hospitals spend \$36,567 to \$41,085 a year on each new graduate nurse. Roughly, preceptors get \$2.57 extra an hour when they are training a new graduate nurse (Silvestre et al., 2017). The amount of money hospitals spends on hospital acquired infections is much more than new nurse orientation programs. To reduce hospital costs related to hospital acquired infections, hospitals need to invest in more new nurse orientation time. Ensuring that new nurses are fully prepared in their skills will greatly reduce the risk for hospital acquired infections, thus reducing hospital costs.

Hospitals will have to spend more money upfront. They will have to provide the new graduate nurse a full salary while on orientation and they will also have to provide the preceptor additional compensation for training the new graduate. Although, the hospitals will be spending more money upfront they will be investing in well trained nurses. Having well trained nurses on staff will greatly reduce the risk of hospital acquired infections which will in turn save hospitals money. It is better to invest in the betterment of the hospital than it is to spend money on mistakes that could have been prevented with adequate training.

Overall Results

The findings in this paper reveal there is a lapse of skills competencies within new nurse graduates. This lack of skill set is due to COVID-19 in the restriction of in person clinical activities. This lack of skills poses a great risk to patients in hospitals regarding new graduate nurses. The goal is to reduce the number of infections caused by unprepared new graduate nurses. In addition to hospital acquired infections. the goal is to also reduce the number of

medication errors caused by new graduate nurses. Fixing the lack of appropriate skill set within new graduate nurses will greatly benefit patient's overall outcome by allowing them to heal within the hospital without fear of receiving an infection because of a new graduate nurse. This saves the hospital on the cost of hospital acquired infections which reduces cost for patients. In addition, reducing the number of medication errors will help reduce hospital costs and improve patient outcomes.

The hospitals' main goal should be to improve patient outcomes and help them heal from whatever caused him to be admitted to the hospital in the first place. Having unskilled new graduate nurses on the floor before they are ready creates a liability on to the hospital and can reduce patient outcomes. Having a longer new nurse orientation program will greatly reduce the number of hospital acquired infections and medication errors. This will allow for better patient outcomes and reduction in hospital costs.

Recommendations

Hospitals need to adopt longer new nurse orientation programs to help improve patient outcomes. Hospitals will see a great reduction in their hospital acquired infection costs. New graduate nurses will have more confidence and a higher-level skill set when they are done with their new nurse orientation program. Current nurses will feel more comfortable having the new graduate nurses take care of patients because they know that they are adequately trained. The sooner hospitals adopt longer orientation, and the sooner they will see the cost benefits and improve patient outcomes.

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