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Implementation of an Individualized Onboarding and Training for Nurse Managers

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Abstract

BACKGROUND: The onboarding and training of nurse managers varies drastically in healthcare institutions across the US, even within the same organization. Though evidence-based studies have demonstrated that the onboarding and training process are related to employee engagement, retention, and to the achievement of positive departmental and institutional goals and outcomes, most healthcare organizations do not invest in providing an effective onboarding and training based on evidence models and frameworks. This project was conducted at a 345-bed tertiary teaching medical center in the Boston area to determine the need for instituting an effective evidence-based onboarding and training process for nurse managers.

METHODS: A pre- and post-intervention survey was conducted among 14 clinical nurse managers hired in the last 3.5 years for various ambulatory clinics and inpatient wards to explore their onboarding and training experience at the medical center in their first 90 days. Multiple platforms were utilized as bases for the creation and implementation of the three interventions presented in this project, including the Johns' Hopkins Nursing Evidence-Based Practice Model (JHNEBPM), the American Organization for Nursing Leadership (AONL), the American Association of Critical Care Nursing (AACN), the Frontline Nurse Leader Conceptual Framework (FNLF), along with the "Novice to Expert" theoretical framework by Nursing Theorist Patricia Benner.

INTERVENTIONS: The 14 nurse managers were asked to complete a pre-interventions quantitative survey related to their onboarding and training process at the medical center (MC), and to their experience level as a NM. Each participant was then asked to attend a one-hour presentation and was introduced to three proposed interventions for the implementation of an individualized onboarding and training process for nurse managers. The interventions presented

included the utilization of the AONL's Nurse Manager Competency Questionnaire (NMCQ) with mentorship, the utilization of the AACN's Fundamental Skills of Nursing Management (FSNM) online modules, and the creation of an onboarding and training checklist based on the AONL's Nurse Manager Leadership Development Framework (NMLDF). Participants were also asked complete a qualitative survey about their perceived effectiveness of the three interventions on the onboarding and training of new nurse managers after their attendance to the presentation.

RESULTS: The quantitative and qualitative survey responses from participants revealed that their experience level as a NM and as registered nurse did not make the onboarding and training process easier for those who were more experienced, whether they came from another institution or were promoted from within. Participants expressed that having a formal evidence-based training platform, including an individualized and structured mentorship process, would have facilitated in accelerating their onboarding and training, as well as the achievement of departmental and organizational goals.

CONCLUSION: Instituting a formal and individualized onboarding and training process with mentorship for newly hired clinical nurse managers will assist in advancing their knowledge about the organization, and in the provision of necessary skills to complete tasks more efficiently. Having such a process will subsequently promote faster achievement of departmental and organizational goals, including staff engagement, employee retention, increased patient satisfaction and outcomes, as well as promote strategic alignment with the mission and vision of the medical center.

Keywords: individualized, onboarding, training, nurse managers, mentorship, interventions

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Implementation of an Individualized Onboarding and Training Process for Nurse Managers

Introduction

The role of a nurse manager (NM) in today's fast-paced and complex healthcare arena is a critical leadership role, as the NM is responsible and accountable for patient care quality and safety, policy and procedure interpretation and implementation, patient satisfaction, budget, and employee engagement, satisfaction, and retention (O'Connor, 2017). Despite the fact that NMs' responsibilities and accountability have increased dramatically over the past decade, most organizations do not provide NMs with a comprehensive individualized onboarding and training process, which is pivotal for a successful transition and growth of a novice or experienced NM (O'Connor, 2017; Van Dyk, 2016). It is estimated that 6 out of 10 NMs, approximately 67,000, intend to leave the workforce within the next five years in the U.S. (Labrague, 2020; Pilat et al, 2019), and NMs with longevity will be replaced by less experienced ones. The above estimates do not include the changes resulted from the catastrophic effects of the COVID-19 pandemic on the healthcare workforce, and based on these predictions, it is imperative that organizations provide mentorship, structure, and support during the onboarding and training of nurse manager professionals, so that they can quickly adapt to the organization's culture, enabling them to achieve expected goals and outcomes.

Problem Description

Evidence-based-practice (EBP) literature shows that there is wide variation in the onboarding and training process, and in the provision of continued leadership support for NMs in hospitals across the U.S. (O'Connor, 2017; Warshawsky et al., 2020, McGarity et al., 2020). Variations also exist within an organization, often resulting in a difficult, uncertain, and a costly journey for the NM, the department, and the organization. Furthermore, failure to provide NMs with a comprehensive, structured, and individualized onboarding and training process may lead

to NM burn out, poor employee and patient satisfaction, high management and employee turnover, organizational instability and uncertainty of the unit, poor department morale, and sunken costs for the organization (O'Connor, 2017; Labrague, 2020).

Available Knowledge

Onboarding refers to the orientation, social assimilation, and the provision of specific skills for a successful transition for a new or existing employee, however, a more in-depth definition relates to an intensive and focused immersion process that ensures communication of important history, knowledge, and insight, leading to a successful transition (O'Connor, 2017). From a human resources' (HR) perspective, the onboarding process begins with keeping the employee well informed at each step of the way about date, time, and location of health screen, orientation sessions, dress code, meals and breaks, benefits information, and payroll and tax form completion (D'Aurizio, 2007). Key elements of an excellent onboarding include having a well-defined process, the provision of support to the employee via mentorship, and the conduction of a follow-up on the onboarding progress at pre-defined intervals, as the employee progresses throughout their tenure within the organization (D'Aurizio, 2007).

Onboarding and training of NMs requires support, attention, mentoring, and direction from their peers and senior leaders, as these actions are essential for their successful assimilation and growth in the organization, but NMs often report that they assume vital roles with little to no leadership knowledge and education (Warshawsky et al., 2020; Echevarria et al.,2017; McGarity et al., 2020). Though some NMs have reported getting assistance and support from their organization, NMs often lack professional development in management and leadership, which is crucial when supervising and leading nursing teams that drive complex healthcare environments (McGarity et al., 2020). A systematic review of studies related to NMs' retention revealed that,

just as important as the onboarding and training process, other factors such as feeling valued, getting a sense of organizational commitment, and having a good work-life balance were related to positive outcomes (O'Connor, 2017).

Despite calls to improve NMs' role transition, the practice of learning through experience continues, and the onboarding and transition process, and role preparation vary drastically across healthcare organizations (Warshawsky et al., 2020). According to Warshawski et al (2020) this was revealed in a statewide survey conducted by a group of New Jersey senior nurse leaders to understand NMs role preparation, which showed that though organizational leaders recognize the benefits of competency development programs for NMs, hospital organizations fail to create a comprehensive individualized onboarding and training process due to fiscal or other strategic priorities (Warshawsky et al., 2020).

The New Jersey senior nurse leaders' survey included four quantitative and three qualitative questions (Appendix A) related to the onboarding and continued support for NMs, and these questions were presented to 36 American Organization for Nursing Leadership (AONL) Nurse Leaders. Though common themes emerged from this survey, no single strategy was identified as a best practice for supporting the onboarding and training of novice or experienced NMs. Most participants (n=21, 58%) reported that their organization requires a BSN, with more than one third (n=13, 36%) stating that a graduate degree is preferred; most organizations pay for some continued education (CE) activities, with 30 (86%) offering tuition reimbursement at some level, 24 (67%) paying for certification examinations, and 18 (50%) paying salary support for time spent on CE activities; few organizations (n=2, 6%) have a formalized transition program, with most organizations using face-to-face meetings with selected individuals (n=23, 64%) or

department leaders (n=21, 58%); and most organizations have NMs precept one another (n=21, 58%) (Warshawsky et al., 2020).

Warshawsky et al (2020) stated that comments from participants revealed a range of current practices, from "very little" training in role transition, to strategies that could prove useful. Some of the strategies listed included a 30, 60, and 90-day roadmap, a quarterly manager boot camp, a NM fellowship offered by the Center for Creative Leadership, and tool kits to support understanding of processes such as finances, onboarding, and human resources. Other reported resources included AONL-developed competency checklists and orientation tools, and the completion of a critical care competency checklist.

According to Warshawsky et al (2020) few organizations offered a comprehensive competency program focused on business skills, such as finance, performance improvement, human resources, and labor relations, while others reported conducting classes to develop skills such as communication, emotional intelligence, and leadership. Other resources revealed by participants included access to online educational modules and in-house courses, and participation in conferences.

Warshawsky et al (2020) stated that at the lower end of the spectrum, 10 participants indicated that no organized transition for NMs was offered in their organizations, and two participants described new processes being developed. One involving the development of standardized training process, and the other involving the development of a formal mentorship program. Furthermore, recommendations for practice improvement from the New Jersey senior nurse leaders focus group included having a structured and sustainable onboarding and training process for a NM which includes mentorship and coaching, knowledge development, and an evaluation of the NM's progress.

Rationale

The Institute of Medicine's (IOM) report titled: "The Future of Nursing: Leading Change, Advancing Health" called for nurses to be prepared to lead in various areas of healthcare such as academia, hospitals, communities, professional organizations, and government offices. Based on EBP recommendations (Warshawsky et al., 2020; Echevarria et al., 2017; McGarity et al., 2020) and on the recommendations provided by the New Jersey's AONL senior nurse leaders focus group, the provision of a structured and sustainable process, comprised of mentorship and coaching, knowledge development courses, and training evaluation is pivotal to a successful onboarding and training process. It is therefore imperative that healthcare organizations invest in the onboarding and training of their NMs, so that they have the tools to succeed as frontline leaders.

An electronic survey involving a national sample of 647 NMs, managing a total of 964 patient care units in 54 hospitals, demonstrated that NMs rate themselves as competent at around 6 years of experience, and proficient by year 7 (Warshawsky & Cramer, 2019), and that 60% of the surveyed nurses had 4 years or less of experience. The survey was based on competency scores from a modified AONL's Nurse Manager Leadership Development Framework (NMLDF), a framework comprised of three interrelated domains: The Art (Leading the People), The Science (Managing the Business), and The Leader Within (Creating the Leader in Yourself), and the related NM skills under those categories (Appendix B). Results from this survey revealed that the mean competency scores for The Art domain (mean, 3.62 [SD, 0.73]) were higher than those for The Science (mean, 3.04 [SD, 071]) (Warshawsky & Cramer, 2019). The lowest reported competencies were noted in the organizational systems competencies of finance,

strategy, performance improvement, and foundational thinking, which are all found to be highly valued by executive leaders, but less valued by NMs.

Nursing Theorist Patricia Benner describes competency development in 5 stages: novice, advanced beginner, competent, proficient, and expert, and that nurses advance through these stages as they gain experience and knowledge through nursing practice. Additionally, Benner states in her theory that it can take 2 to 3 years for a nurse to become competent in practice (Warshawsky & Cramer, 2019). A conceptual model titled: "Frontline Nurse Leader Professional Development" (FNLPD) by McGarity et al (2020) displayed in Appendix C, shows that in order for frontline nurse leaders to achieve optimal outcomes such as a healthy work environment, nurse engagement, cohesive team, transparency, and nurse retention, they must advance from the Novice and Advanced Beginner level to the Competent, Proficient, and Expert level, and that this advancement will translate in an increase in patient safety culture and patient satisfaction, and a decrease in sentinel events such as falls, pressure injuries, and hospital acquired infections. In today's complex healthcare arena, it is crucial that healthcare organizations invest in the onboarding, training, and continued professional development of NM utilizing EBP, and "unless management and leadership skills are valued by all healthcare leaders, the quality of patient care and nursing satisfaction will remain stagnant or deteriorate" (McGarity et al., 2020, p.278,)

Specific Aims

The primary aim for this project was to implement an individualized onboarding and training for NMs, based on EBP nursing conceptual models, frameworks, and skills assessment tool, to facilitate the transition of NMs with varied experience levels in their initial 90 days of employment, providing mentorship and the opportunity for the NM and mentor to assess and

prioritize onboarding and training needs for a successful transition. The focus of the mentorship during this period would be placed on developing the necessary skills and knowledge for the execution of NM's tasks, however the mentor-mentee relationship would serve as a bridge for the development of other leadership skills necessary to achieve the outcomes delineated in the FNLPD (Appendix C) conceptual model, which is based on Benner's theory. Implementation of this project would ultimately translate into a successful transition not only for the NM, but also for the department(s) he or she will oversee, and for the organization.

A secondary aim of this project was to create a sustainable process that will guide the onboarding and training of future NMs. As the nursing workforce continues to retire at the rising rate of as many as 70,000 annually (Warshawsky & Cramer, 2019; Bittner, 2019), the loss of nursing leadership wisdom needs to be considered by nurse executives, along with the development of policies and strategies that will assist in compensating for this loss. It is important to re-emphasize that the above statistics do not include the detrimental effects of COVID-19.

The complexities of healthcare's demands on individuals in leadership roles and their team to achieve organizational goals, while developing and sustaining healthy work environments, places the NM in a defining role crucial to the achievement of workplace outcomes. It is vital for any healthcare organization therefore to prepare NMs for this dynamic and complex role, which has traditionally been dependent on didactic education and on-the-job training (Fennimore & Wolf, 2017).

The third and final aim for this project was the achievement of an increase in a post-intervention evaluation of NMs' perceived competency level based on Benner's Theory and the utilization of the Frontline Nurse Leader Professional Development by McGarity et al. (2020) to

measure the effectiveness of the interventions. The expectation was that after being presented

with the interventions, participants would express that the interventions would be effective in the

onboarding and training process of a NM.

Methods

Context

All phases of the project were conducted at a 345-bed tertiary teaching medical center (MC)

located in Massachusetts. The MC is affiliated with several prestigious Boston-based medical

schools and serves 50 medical and surgical specialties and various ancillary services, including

on-site Pharmacy, Laboratory Medicine, Anesthesiology, and Radiology. Research efforts at this

institution often cross medical disciplines, and at any given time, there are approximately 300

scientific studies taking place at this site, offering patients the opportunity to participate in

clinical trials.

The project leader (PL), who is the author of this paper, identified the need for implementing

this project at the MC, based on conversations with NMs, clinical educators, Human Resources

(HR) personnel, and Associate Chief Nurse Officers (ACNOs), who concurred that the

onboarding and training process at the MC was non-individualized and fragmented. The PL

selected a project team (PT) which was comprised of an ACNO who served as the Practice

mentor, a Faculty Mentor, an HR representative, an inpatient nurse manager, a Nursing

Excellence program manager, and an ambulatory clinic nursing educator.

A consensus among the PL and PT members was reached that the MC did not have a formal

individualized onboarding and training process for NMs. The process involved an onboarding

by the HR team which included general information sessions about the organization and benefits,

a one- to two-day of training in EPIC computer system's modules specific to NMs' role, and

attendance to a general nursing orientation where NMs are validated on basic competencies.

Once the initial HR, nursing, and EPIC computer orientation were completed, NMs were guided

to their department and were paired with a NM preceptor and a clinical educator, and they would

meet weekly to cover items delineated in a New Leader Orientation Checklist. A second

checklist titled New Leader Integration had been recently implemented as part of the orientation.

The orientation process encompassed discussing and demonstrating processes from the

checklists previously mentioned, which were expected to be completed during the initial 90 days

of employment. NMs were also asked to complete a medication administration test, as well as

the AONL's NM Competency Questionnaire (NMCQ), which were then placed in their file. The

NMCQ is a self-assessment tool based on the AONL Nurse Manager Learning Domain

Framework (NMLDF) (Appendix B), which includes skills in three different categories: The Art,

The Science, and the Leader within, explained in more details in the Interventions section of this

paper. The AONL's NMCQ was not utilized to individualize the training at the MC, and there

was no formally planned completion of NM-specific educational modules, although most

recently NMs had been assigned modules specific to leadership development. There were no

formally scheduled introduction meetings of the new NMs with their department's team

members, NM peers, or senior leaders. NMs met other team members and stakeholders

informally when they attended departmental, committee, and nursing leadership meetings and

huddles.

Prior to the implementation of this project, the PL conducted a presentation at the Nurse

Executive's (NE) meeting, comprised by the Chief Nursing Officer (CNO and four ACNOs.

Internal Board Review's (IRB) approval was required as a formal process for the MC, and once

clearance was received from all parties, the PL began the implementation phase of the project.

There was no central location for the implementation of this project, as it involved participation

from NMs hired in the last 3.5 years, and these NMs were assigned to multiple departments

across the MC. The implementation process encompassed the presentation of the interventions

delineated under the Interventions section, with interaction of current NMs from the inpatient

and ambulatory clinical settings.

Cost/Benefit Analysis

The PL performed a strengths, weaknesses, opportunities, and threats (SWOT) analysis

(Appendix D) for consideration in the formulation of a new onboarding and training process for

NMs at the MC. Items identified under Strengths included the strong partnership between HR

and the NMs; the utilization of preceptorship and a training checklist to guide the NM and

preceptor; a leadership development process; and ongoing scheduled monthly meetings with the

ACNO and nursing directors.

Identified opportunities for improvement included the need to institute a formal mentorship

process; the utilization of an EBP model and frameworks to guide the onboarding and training;

and the formal introduction of newly onboarded NMs to staff, peers, directors, ACNO, CNO,

and to the executive team members. Items that need to be considered by the MC as threats

included the loss of valuable human capital, as seasoned NMs with longevity will retire and will

be replaced by less experienced NMs, as 6 out of 10 NMs intend to leave workforce nationally in

next 5 years (Labrague, 2020); increase in NM turnover resulting from perception of an

unwelcoming onboarding, and from an unstructured and non-individualized training; and NM

replacement cost from NM turnover, which averages 75% -125% of the NM's annual salary

(Labrague, 2020).

The PL constructed a Cost/Benefit analysis (Appendix E) which was originated from the

SWOT Analysis. The analysis showed minor costs associated with the implementation of the

interventions, including a one-time cost of $10.00 per new NM for the AONL's NMCQ and a

one-time cost of $525.00 per new NM for the American Association of Critical Care Nurses'

(AACN) Fundamental Skills for Nurse Managers (FSNM) online modules, which are discussed

with more details under the Interventions section. Though some items listed in this analysis did

not incur additional costs for implementation and sustainability of this project, they were solely

listed by the PL to demonstrate the benefits and positive outcomes that could result from the

implementation of this project, such as increased NMs' onboarding and training satisfaction, and

NM retention. The costs presented were based on an average onboarding of 5 NMs/year

obtained from HR, which was an approximation based on the number of newly onboarded in the

past 3.5 years at the MC, and the total cost is based on Fiscal Year, which runs from October 1 to

September 30.

Interventions

The PL utilized the Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBPM)

shown in Appendix F, as the as a platform for conducting this project. The JHNEBPM is a

problem-solving model to guide practice improvement, based on an ongoing cyclical process for

clinical decision-making, which process begins with an inquiry, and continues with the

utilization of a practice question, evidence, and translation (PET), which translated into best

practices and practice improvement. The utilization of this Model assisted in answering the PL's

primary inquiry, which was whether the implementation of the proposed interventions was

valuable to the onboarding and training process of NMs, representing the first step in the

JHNEBPM. Elements of the project which fell under the PET categories of the JHNEBPM

included the interventions listed below, guided by the FNLPD conceptual model (Appendix C)

and the NMLDF (Appendix B), and a pre-and a post- implementation survey (Appendices H &

I). The Best Practices and Practice Improvement sections of this model became a product of the

post-implementation survey results, which indicated whether the interventions were perceived as

effective, and was used to assess if additional interventions would need to be incorporated into

the onboarding and training. All three interventions were presented to NMs hired at the MC in

the last 3.5 years.

The first intervention included the utilization of the AONL NMCQ, in conjunction with

mentorship, to identify opportunities for improvement in the training and to focus those areas

and incorporate institutional topics and processes in the training. As mentioned under the

Specific Aims section of this paper, the MC already utilized the NMCQ for newly hired NMs,

but the results were not utilized for focusing on training opportunities during the orientation

process. One rationale for applying this intervention was that, by performing a self-assessment,

the NM and mentor could individualize a plan to apply more focus on the areas where learning

opportunities were identified. The expected outcome from the implementation of this

intervention was increased NM self-reported proficiency in the ability to fulfill their role.

The second intervention included a presentation by the PL to the NM participants to

introduce the AACN's FSNM online modules (Appendix J). This presentation included the five

sections of the module: Getting Started as a New Nurse Manager, Human Resource

Management, Financial Management, Quality and Safety, and Leadership, with a combined total

of 40 short lessons and post-lesson quizzes. The rationale for adopting these modules in the

onboarding and training process was to create an opportunity for the NM and mentor to evaluate

basic NM's skills and to discuss processes specific to the MC, providing uniform, structured, and individualized training based on the NM's needs.

The third and final intervention involved the restructuring of the two training checklists currently utilized at the MC, combining both lists and categorizing them by prioritization, based on the AONL's NMLDF (Appendix B). The NMLDF is comprised of competencies that capture the skills, knowledge, and abilities that guide the practice of NMs, based on the concept that nurse leaders must gain expertise in three domains - The Science: Managing the Business; The Art: Leading the People; and The Leader Within: Creating the Leader Within. Items in the combined checklist (Appendix K) which fell under The Science category, would be a priority and would need to be discussed during the initial 30 days of training, followed by those which fall under The Art, which would be covered within the initial 60 days, and those under the The Leader Within, category, which will be covered within 90 days.

The mentor and NM, who would have daily 1-hour scheduled meetings during the initial 90 days, as needed, and would check items off from the checklist. One rationale for the implementation of this process was the prioritization on skills needed for the completion of required daily tasks. A second rationale for this intervention was that while completing tasks listed under the Science, the mentor will introduce the NM to staff, peers, and other stakeholders, which would assist in promoting team building and collaboration, and in creating a welcoming environment and a sense of belonging, therefore increasing NMs' satisfaction and retention. Other expected outcomes that could result from this intervention included knowledge enhancement about job functions, processes, and organizational culture and expectations.

Study of the Interventions

The goal of this project was to determine if the three previously described interventions

would be viewed as positive contributors to the onboarding and training process of NM as stated

in the literature (O'Connor, 2017; D'Aurizio 2007; Labrague, 2020; Warshawsky et al., 2020).

The project was divided into three phases, which included: the pre-determination of the need for

the interventions via an electronic survey (phase I); the presentation of the interventions to

participants (phase II); and a post-implementation electronic survey to determine the NMs'

perceived effectiveness of this project (phase III).

In phase I, the PL obtained a list of NMs hired in the last 3.5 years from HR and contacted

those NMs to elicit their participation in all three phases of the project. Participants were then

asked to complete a pre-intervention quantitative electronic survey (Appendix H) related to their

onboarding and training process at the MC. This survey included demographic data such as

years of experience as an RN and as a NM, along with the number of years at the MC, and did

not require the participant's name for confidentiality reason.

The pre-implementation survey also included questions related to the three proposed

interventions, without disclosing specifics about them, and the results were utilized to assess the

need for the three interventions at the Medical Center. This phase of the project took three

weeks to be completed, so that participants were allowed ample time to answer the survey. In

phase II, the PL conducted a one-hour presentation to all participants, introducing the three

interventions in detail, followed by a question-and-answer session. This phase took four weeks

for completion, and a total of six one-hour session had to be scheduled for flexibility around each

of the NM's schedule.

Phase III encompassed the completion of a second electronic survey that included

quantitative and qualitative questions related to the presented interventions. Answers to the three

qualitative questions were compiled into separate themes for each intervention (Figures 10-12),

and results were presented to the NE team to promote awareness and call for action to change the current onboarding and training process at the MC.

Measures

Results for the three described interventions were collected via the electronic survey containing quantitative and qualitative questions utilizing Google Forms ® (Appendix I), which were completed by NMs hired in the last 3.5 years. The survey contained demographic questions related to participant's years of experience in nursing, and as a NM, and number of years working as a NM at the MC. One qualitative question for each of the interventions was asked in the survey related to expected outcome, and answers were based on the participant's perception on whether the outcomes would assist in advancing NMs' competency, based on Benner's Novice to Experienced Theory.

In the first intervention for example, participants were asked if they perceived the utilization of the NMCQ results combined with mentorship to focus on identified areas for improvement, as an effective process to assist in elevating competency level during the onboarding and training. A similar question was asked to gather participants' perception about the second and third interventions, and responses were compiled into themes and reported as number of times the theme was repeated for each one of the interventions. The themes for each of the interventions were reported separately, as shown under the Analysis section.

Analysis

As previously described in the Methods section, the pre-intervention survey was of a quantitative nature, and included questions about participants' demographics, and about their onboarding and training experience at the MC. Results from the pre-intervention survey were reported in form of percentage of participants for each question asked, over the total number of

NM participants' responses.

The post-intervention survey analysis was also conducted utilizing Google Forms®, however this survey included a combination of quantitative and qualitative questions. The qualitative portion of the survey was reported as recurrent number of themes that emerged from participants answers for each of the interventions presented.

The quantitative portion of the survey included demographic questions were the same as the ones shown in the pre-intervention survey, except for a question about the participants' overall perceived effectiveness of the three interventions related to the onboarding and training process for NM at the MC. Results from of both the pre- and post-interventions surveys were reported in a PowerPoint® presentation by the PL at the Nursing Executive meeting prior to the adoption of the three interventions for the onboarding and training of new nurse managers.

Ethical Considerations

The PL completed the Collaborative Institutional Training Initiative Certification (CITI) at the MC and utilized its guiding principles during the conduction of this project. Though the three interventions did not involve direct clinical experimentation on human or animal subjects, the MC required the project to be approved by the IRB prior to initiation. This project was conducted specifically with the aim of improving the onboarding and training of NMs at the MC, by utilizing a combination of current and new processes to improve NM role preparation outcomes.

All didactic materials, including pre- and post-interventions survey results, were utilized solely for the purpose of quality improvement, and participants' responses have remained anonymous. NMs' participation in this project was strictly voluntary and was conducted in a private manner, and participants were offered the choice to opt out at any time during the

conduction of this project. Furthermore, the PL received approval from the MC's IRB to file all forms involved in this project in an IRB-approved electronic database for referencing.

Acknowledgements

The PL recognizes that this project would have not been made possible without the guidance of the Practice and Faculty mentors, and without the collaboration and guidance from the other team members such as nurse educators, HR Department representative, nurse manager representative, and the Nursing Executive team.

Competing Interests

Two of the team members who participated in this project became nurse managers a few weeks before the conduction of the surveys, which could have potentially constituted grounds for bias, since they also participated in the pre- and post-interventions surveys. The PL has not received any compensation, promotion, or endorsements for conducting this project at the MC, however the PL agreed to submit elements of this project as part of the Magnet® certification journey for the MC after its completion and implementation.

The PL was employed as a nurse manager at the MC during the conduction of this project, therefore the potential for biases was carefully considered at each phase of this project by minimizing personal disclosures about the project's objectives, to avoid influencing the results of the quantitative and qualitative surveys.

Ethics Approval

There were no foreseen ethical considerations to be reported during the conduction of this project, and the PL submitted the project proposal to the IRB and received approval to conduct the project as previously described.

Results

Pre-Intervention Survey Data

The pre-interventions period of this project, or Phase 1, started on the first quarter of the 2021 Fiscal Year and was completed in 2 weeks. In this phase, all 14 NMs were asked to complete a pre-implementation electronic quantitative survey related to years of experience as a nurse and NM, and to their onboarding and training experience at the MC, and the survey results are displayed in Figures 1 thru 9.

When asked about their combined years of experience as a registered (RN), and NM, none of the participants replied having less than 5 years of combined experience, 3 participants replied having 6-10 years, 3 participants replied having 11-15 years, and 8 participants, or 57%, replied having more than 15 years of combined experience. The level of combined experience was higher at the MC, in comparison to the Warshawsky et al (2020) survey,

Figure 1

How many years have you worked as a registered nurse, including years worked as a nurse manager?

14 responses

| Range	Responses
1-5	0 (0%)
6-10	3 (21.4%)
11-15	3 (21.4%)
>15	8 (57.1%)
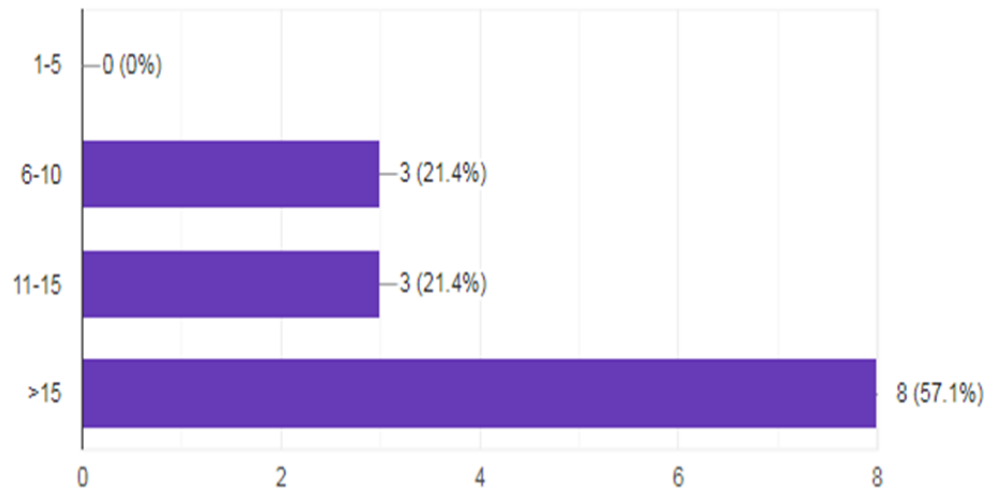
Though the number of participants with combined RN and NM years of experience was high (Figure 1), the number of participants with 1-5 years of NM experience was also high, 71.4% (n=10) as shown in Figure 2, surpassing the 60% NM with less than 4 years of experience reported in the national survey conducted by Warshawsky et al. (2019). Based on these results, though the surveyed NMs had higher combined years of experience, they did not have as much experience as NMs. The number of participants with 6-10 years and 11-15 years of experience was equal, 14.3% (n=2), and none of the participants reported having more than 15 years of experience as a NM. As stated by Labrague (2020), as many as 6 out 10 NMs in the U.S. intend to leave the workforce in the next five years, and this prediction was made prior to the COVID-19 pandemic. The results shown in Figure 3 for the participants at the MC align with the those stated by Labrague (2020), as all 14 NM participants were not only new at MC, but also new to the NMs role.

Figure 2

How many total years have you worked as a nurse manager, including years worked at other institutions?
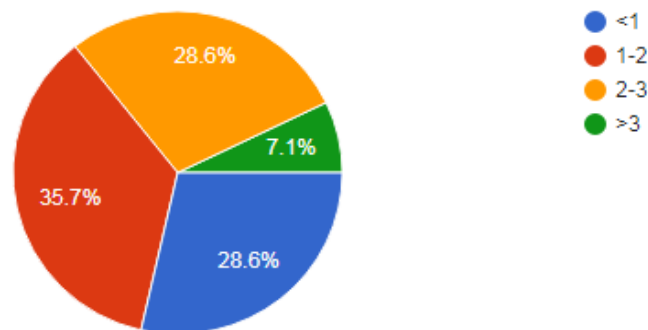
14 responses
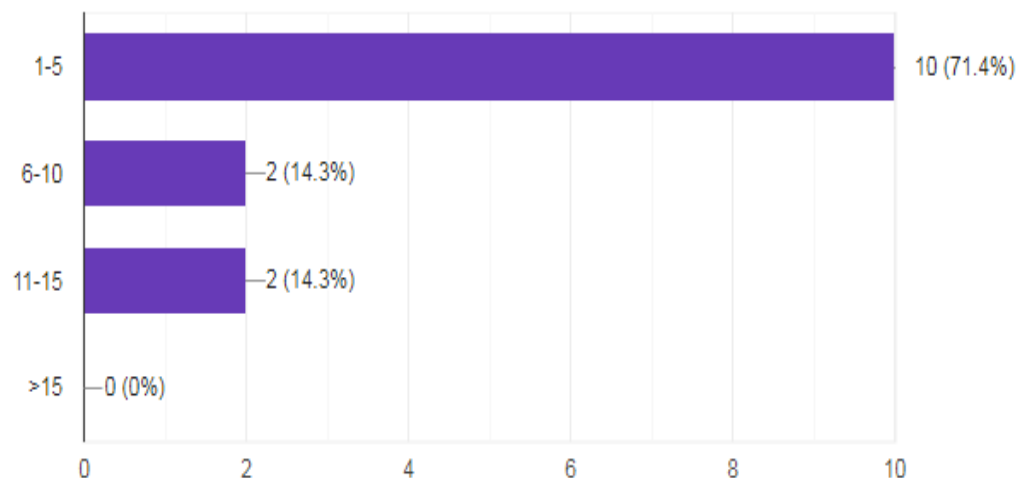
Further quantitative breakdown of participants showing the number of years worked at the MC (Figure 3) revealed that 28.6% (n=4) of the participants had worked at the MC less than one year, 35.7% (n=5) between 1 and 2 years, 28.6% (n=4) between 2-3 years, and 1 participant worked at the medical center for 3.5 yrs.

Figure 3

How many years have you worked as a nurse manager at this medical center?
14 responses

Figures 4 thru 9 show responses from the 14 NMs related to variations in the onboarding and training process for NM at the MC, which was described in the literature (O'Connor, 2017; Warshawsky et al., 2020, & McGarity et al., 2020) as a common process occurring within the same hospital and organization across the U.S. As a part of the onboarding and training process at the MC, NMs are asked to complete the AONL's NMCQ, and variations were found to be present at the MC in several of the onboarding and training processes.

In Figure 4 for example, a variation in process was clearly depicted as 28.6% (n=4) of participants were asked to complete the NMCQ, 64.3% (n=9) were not asked to complete the NMCQ survey, and 7.1% (n=1) could not recall whether he or she completed the NMCQ.

Figure 4

During your initial 90 days of training as a nurse manager at this medical center, were you asked to complete the American Organization for Nursing Leaders' (AONL) self-assessment questionnaire?

14 responses
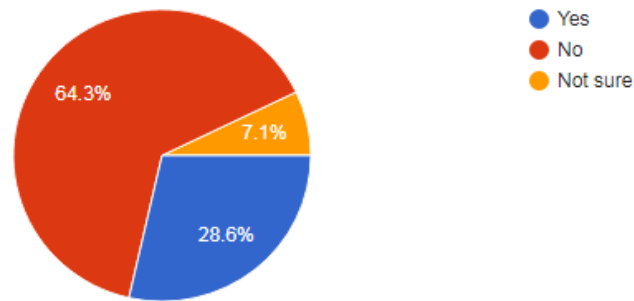
Participants were asked if the AONL's NMCQ results were incorporated into their training, for those who were asked to complete the NMCQ (Figure 5). One participant answered yes to this question, 78.6% (n=11) replied that the question was not applicable, meaning that there were neither asked to complete the survey, nor the results were incorporated into their training, and 14.3% (n=2) replied that the results from their NMCQ were not incorporated into their training.

Figure 5

If your answer to the previous question was "Yes", were the results from the self-assessment questionnaire discussed with your preceptor and incorporated into your on-boarding and training?

14 responses
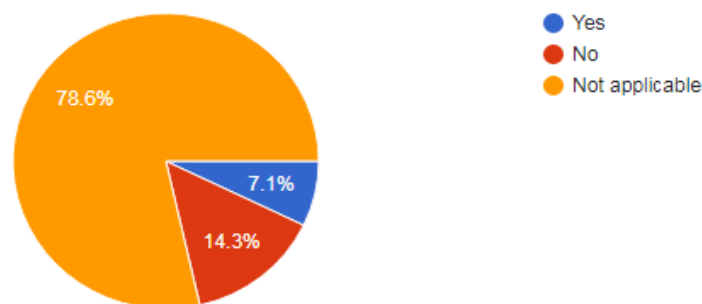
In Figure 6, participants were asked if they were offered a NM-specific training module during their onboarding and training. Currently the MC does not offer a standardized EBP module for the onboarding and training of NMs, therefore 100% of participants answered no to this question. This question stemmed from that fact that, according to Warshawsky et al. (2020), only few organizations across the U.S. offer a comprehensive competency program focused on business skills, such as finance, performance improvement, human resources, and labor relations.

Figure 6
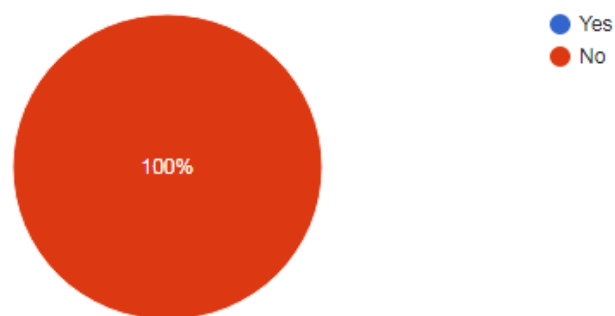
The question in Figure 7 refers to the average number of hours per week NMs spent with their preceptor. 35.7% (n=9) replied that they spent an average of less than 1 hour per week with their preceptor, 28.6% (n=4) replied that they spent 1-2 hours, and another 28.6% spent an average of 3-5 hours/week. One participant replied that he or she spend 2-3 hours a week. No evidence-based data related to an effective recommended number of hours for nurse manager mentorship was found during the conduction of this project, though some literature suggested that for a mentorship or preceptorship to effective, a minimum of 5-8 hours per week should be spent with the new employee during their onboarding and training process.

Figure 7

During your initial 90 days of training as a nurse manager at this medical center, how many hours on average did you preceptor spend with you per week?

14 responses
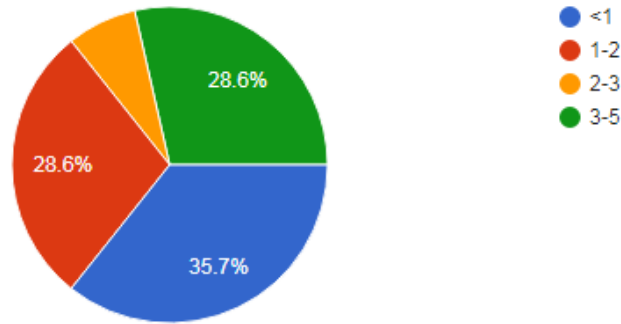
Figure 8 shows the NMs response to related to their readiness to execute their nurse manager duties after their initial 90 days of training. 21.4% (n=3) stated that they were not prepared, 50% (n=7) stated that they were moderately prepared, and 28.6% (n=4) replied that they felt prepared. None of the participants replied that they were well prepared or extremely prepared for their role.

Figure 8

Overall, how prepared did you feel after your initial 90 days of training at this medical center to execute nurse manager duties?

14 responses
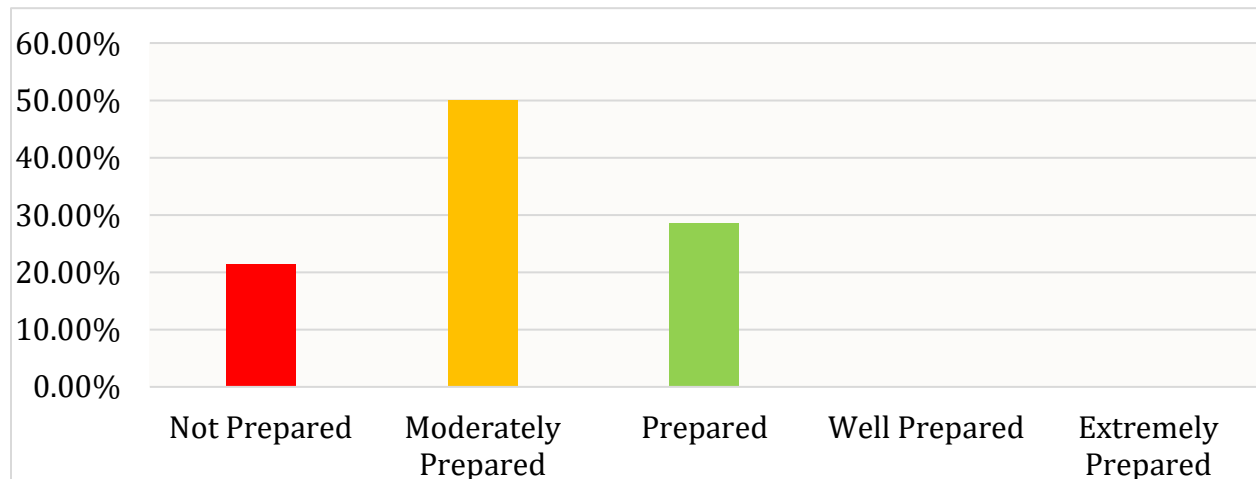
The survey results in Figure 8 align with the national electronic survey of the 647 NMs in 54 hospitals, which demonstrated that the majority of NMs rate themselves as competent after having 6 years, and proficient by year 7 (Warshawsky & Cramer, 2019), and that 60% of the surveyed nurses had 4 years or less of experience.

Figure 9 relates to whether participants were formally scheduled to meet with key stakeholders such as NM peers, HR partner, Associate Chief Nurse Officer (ACNO), and Chief Nurse Officer (CNO) during their onboarding and initial 90 days of training. This question stemmed from the fact that, according to O'Connor (2017), a NM's perception of having an unwelcoming, unstructured, and non-individualized onboarding can result in an increased turnover. 42.9% of participants were formally scheduled to meet with peer nurse managers, 50% met with their HR partner, 64.3% met with the ACNO, and 21.4% met with the CNO.

Figure 9

During your initial 90 days of training as a nurse manager at this medical center, were you formally scheduled to meet-and-greet your peer nurse managers, HR partner, ACNO, and CNO

14 Responses

Interventions Phase

In the interventions phase, or Phase II, all 14 participants were invited to attend a one-hour educational presentation conducted by PL via Google Meets ® due to COVID-19 physical distancing restrictions imposed by the MC. This phase was completed in 4 weeks, and a total of six sessions were scheduled by the PL to be able to accommodate the NMs' busy schedules. At each of the educational sessions, the PL introduced the three interventions (Appendix G) in detail, and participants were given the opportunity to ask questions about each of interventions at the end of each presentation. The PL emailed each NM participant a post-intervention survey immediately after the end of the session and requested that they complete the survey within a week, so that participants were able to retain the information provided about the interventions. The pre- and post-intervention surveys were filed in the MC's Google Repository, deemed safe by the IRB, and the PL received an email message as each of the NM completed his or her survey.

Post-Interventions Survey Data

The post-intervention data collection, analyses, and reporting marked Phase III of the project, and this phase lasted 4 weeks. The post-intervention survey contained four quantitative and three qualitative questions (Appendix I), and because three of the quantitative questions were the same asked in the pre-intervention survey, the PL only reported the themes identified from each participant's answers to the qualitative questions of the survey (Figures 10 thru 12), and to one quantitative question (Figure 13). The quantitative question related to the NMs overall perception about the interventions' effectiveness in moving a new NM from a Novice or Advanced Beginner to a Competent, Proficient, or Expert level based on Frontline Nurse Leader Professional Development (FNLPD) Conceptual Model shown in Appendix C.

The first qualitative question asked in the survey (Figure 10) pertained to the NMs'

perception about the usefulness of utilizing the AONL Nurse Manager Self-Assessment

Questionnaire in guiding the onboarding and training process, in combination with mentorship,

and were asked incorporate 1 to 2 examples in their answer. A total of 17 themes resulted from

this question, as shown in the X axis of the graph, and number of times each theme emerged,

shown in the Y axis. The most predominant answers were that this intervention would promote

more focused training and learning; provide EBP training standardization; assist in the matching

of mentor and mentee; provide opportunity for growth and success in training; assist in

prioritization of the orientation topics; and assist in the identification of the NM needs and

strengths. Other most repeated themes included the provision of guidance and support; increase

in self-assurance of the new NM; provision of more customization during training; provision of a

more meaningful onboarding and training; and the provision of NM experience-based training.

Figure 10
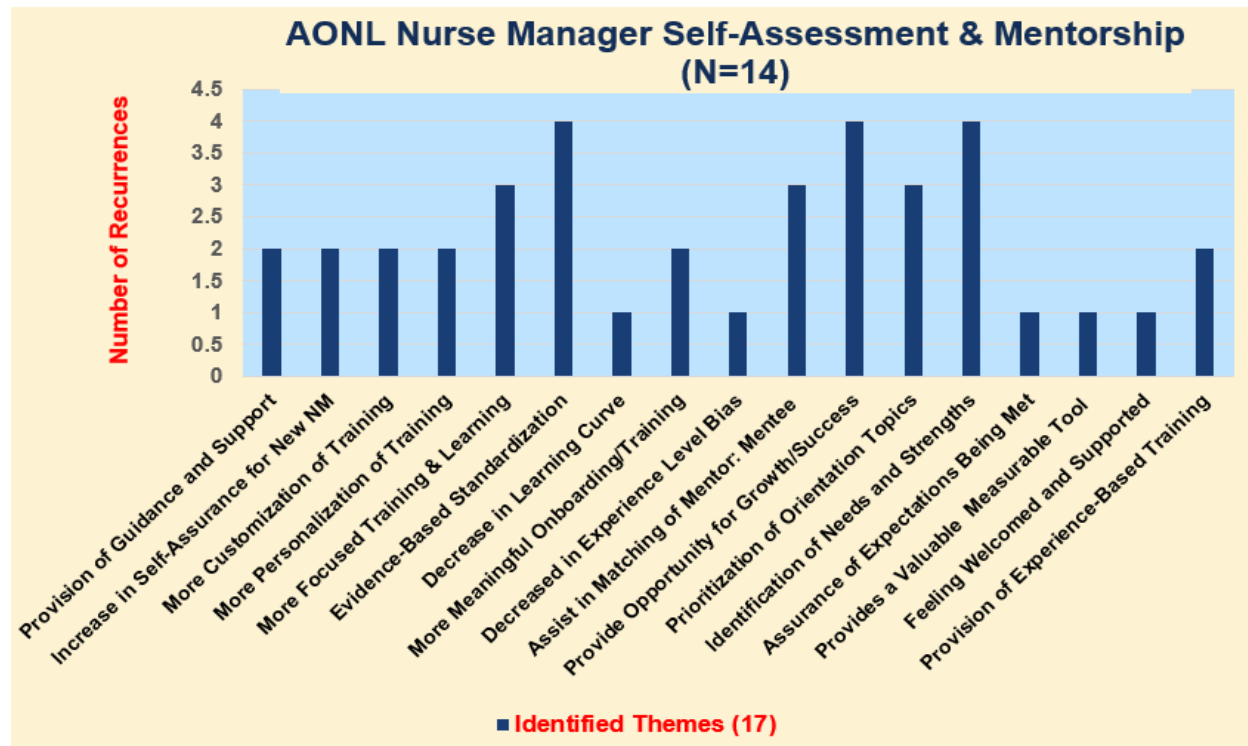
The second qualitative question in the survey (Figure 11) related to the perceived usefulness of the second intervention, which was the utilizing the AACN's Fundamental Skills for Nurse Managers training modules in guiding the onboarding and training process for NMs, when combined with mentorship, and to incorporate 1 to 2 examples in their answers. A total of 18 themes emerged from this question, and only three themes emerged more than once. The most predominant themes in this question were that this intervention would only be beneficial if combined with mentorship; that it would be beneficial for a new NM, meaning a novice NM; and that its financial part of the modules would be "very useful and critical for training a new NM". Other emerged themes included that instituting this intervention would promote professionalism; assist with stress reduction of the new NM; promote a smoother transition; highlight the importance of the NM's role; would be helpful in closing gaps in practice; and that it may be unproductive for a seasoned NM.

Figure 11
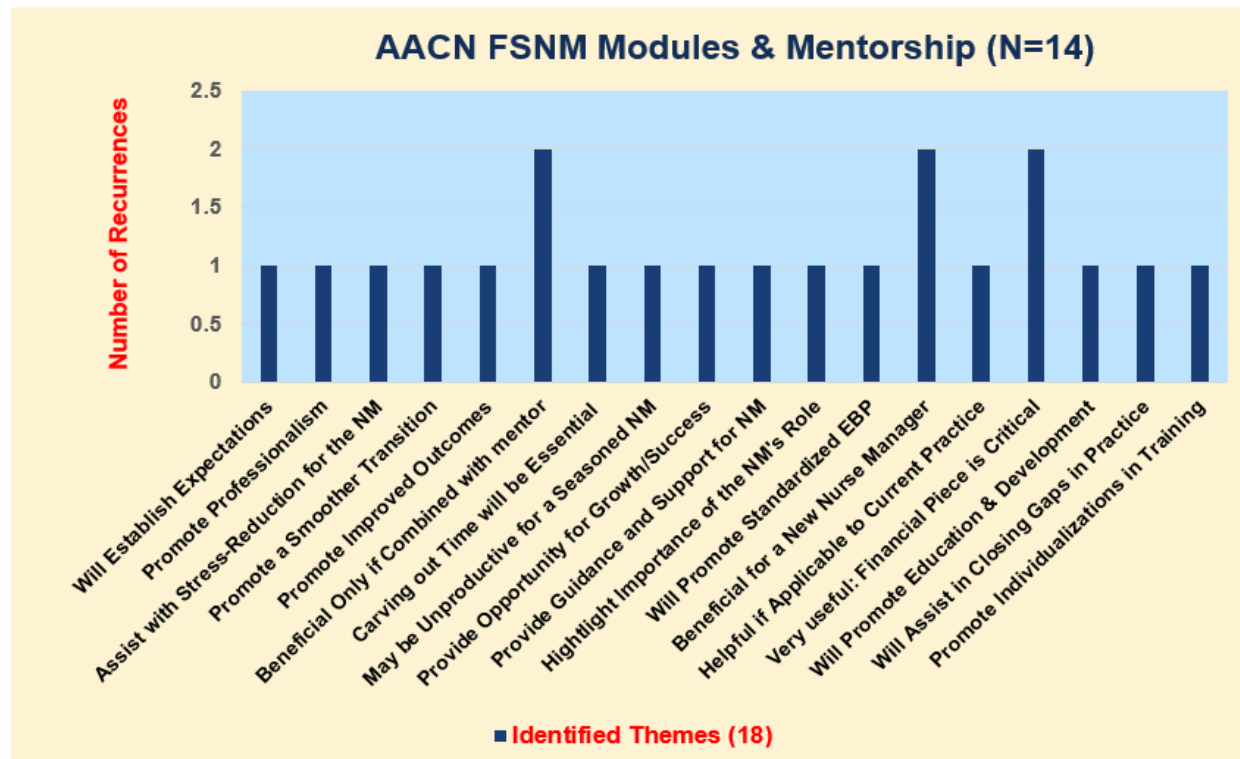
The third qualitative survey question related to the NM's perceived usefulness of the utilization a training checklist prioritization based on the AONL's Nurse Manager Learning Domains Framework - The Science, The Art, and The Leader Within, combined with mentorship. NMs were asked to provide 1-2 examples in the answer. A total of 17 themes emerged from the NMs' answers and the most predominant related to the assurance that all topics in the checklist would be covered if this intervention were instituted. The two other most predominant themes included that scheduled meetings would assist in providing more guidance, and that that it would assist in expediting professional growth and support. Other emerged themes included the increased self-confidence of NMs; that a framework would help with prioritization of training topics; the checklist is more effective when paired with an experienced mentor; the checklist will be more effective if completed within the initial 90 days of training; and that this intervention would assist in creating awareness of organizational culture and expectations.

Figure 12
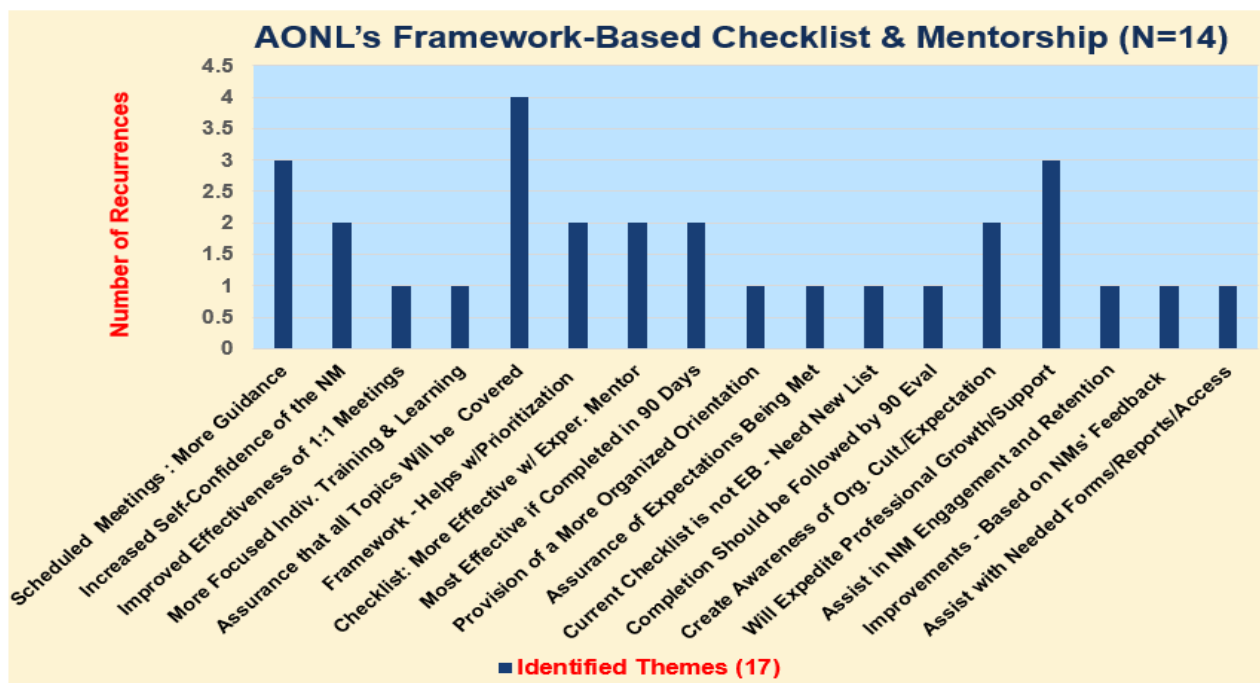
The final survey question (Figure 13) was a quantitative question asking the NMs to rate
their overall perceived effectiveness of the three interventions in moving a NM from a "Novice
or Advanced Beginner" to a "Competent, Proficient, or Expert" level of competency during the
onboarding and training of NMs, based on based on Frontline Nurse Leader Professional
Development (FNLPD) Conceptual Model shown Appendix C. The majority of the NMs replied
that the interventions would be Effective (43%), followed by Very Effective (36%), and
Extremely Effective (21%). None of the NMs chose the moderately effective or not effective
answers.

Figure 13

Rate your overall perceived effectiveness of the three interventions in moving a nurse manager from a "Novice or Advanced Beginner" to a "Competent, Proficient, or Expert" level of competence, during his/her onboarding and training?

14 participants
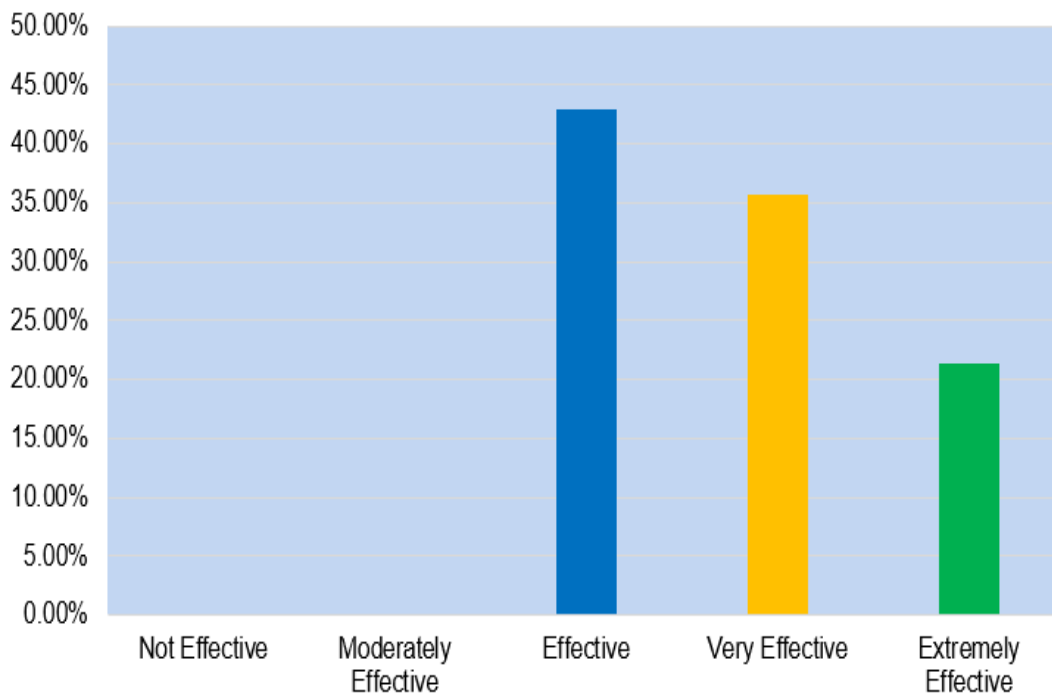
Discussion

Summary

This quality improvement project was conducted with the purpose of utilizing EB literature, including EBP model, frameworks, and a conceptual model related to the onboarding and training of NMs, to determine the need for its implementation at a 345-bed tertiary academic MC located in Massachusetts. After conducting the pre-implementation survey utilizing concepts based on the literature referenced in this project, including those resulting from the national survey of the 647 NMs from 54 hospitals conducted by Warshawsky & Cramer (2019), it became evident that the MC did not provide an individualized onboarding and training process for its new NMs, as it is the case in many of the medical facilities across the U.S.

Additionally, the pre-implementation survey served to validate that 71.4% (n=10) of the 14 NMs were relatively new to their role as shown in Figure 2, as in the results shown in the national survey by Warshawsky & Cramer (2019), where 60% of the NMs had less than 4 years of experience. The pre-implementation survey also validated the variation in onboarding and training described by the literature (O'Connor, 2017; Warshawsky et al., 2020, & McGarity et al., 2020) as shown in Figures 4 thru 9.

 The qualitative aspect of the post-implementation survey was a valuable tool in determining the perception of the 14 NMs related to the three interventions, resulting in 17 to 18 themes per intervention, and a total of 52 themes. The themes resulted from the survey questions for each intervention were also valuable in identifying the NMs' perceptions of their intervention's effectiveness, based on the NM's level of experience. For example, some NMs replied that the AACN's FSNM Modules would probably benefit a more novice NM than a more seasoned one, while others replied that they would be a valuable tool in teaching them the skills to be

successful as a new NM. Furthermore, mentorship was perceived as a valuable tool by

participants based on the overall identified themes, regardless of their experience level.

Interpretation

As evidenced by the data obtained from the pre-implementation survey, as in most

healthcare institutions across the U.S., the MC's onboarding and training process showed to be

fragmented, not based on evidence, non-individualized, and proved that large variations existed

in the onboarding and training process of NMs. Themes compiled from answers to three post-

presentation qualitative survey by the 14 NMs revealed that the MC, like many healthcare

institutions across the U.S., needs to incorporate EBP into the onboarding and training of NMs,

along with providing mentorship to complement training.

As depicted in the post-presentation quantitative question related to the effectiveness of the

interventions in assisting a NM to shift from a Novice or Advanced Beginner, to a Competent,

Proficient, or Expert level during their onboarding and training (Figure 13), none of the 14 NMs

replied that the three interventions would be either non-effective or moderately effective. NMs

did however reply that the interventions would be Effective (43%), followed by Very Effective

(36%), and Extremely Effective (21%), even though they had different experience levels.

Because this project involved a smaller number of participants in comparison to the national

survey involving 647 nurses as previously described, it would be challenging to prove its

reliability and reproducibility, and perhaps a study involving multiple centers would be more

representative of the challenges described in the literature. Despite the number of participants

being small, the pre-intervention and post-intervention presentation surveys for this project were

able to capture the same challenges as those described in the national survey, and in the literature

related to the onboarding and training of nurse managers.

Limitations

Due to the nature of this QI project, the implementation phase was limited to the NMs' participation in the 60-minute presentation, followed by a post-presentation survey about their perception of the effectiveness of the three interventions in the onboarding and training process. The conduction of the same QI project involving the application of these interventions during the 90 days of onboarding and training of new NMs, followed by the same survey questions, would have most likely produced more reliable results.

All phases of this project were conducted during the second surge of the COVID-19 cases, which happened between Fall of 2020 and Winter of 2021. The focus of all NMs during this time was shifted to staffing of overcrowded inpatient units, staff well-being, and to strict adherence to COVID-19 guidelines for PPE use and physical distancing, in attempt to stop the spread of the virus. Due to the disruptions brought on by the pandemic, the project leader had to conduct several presentation sessions over a period of 4 weeks, and it took 3-6 days on average for participants to complete their post-presentation survey.

As described in the Interpretation section, it is challenging to provide reliability and reproducibility of results due to the small number of participants, and the fact that the post-presentation survey involved qualitative data. A similar study involving a larger number of participants needs to be conducted to prove the reliability of this study, but as previously mentioned, the focus of this project was the identification of process improvement needs and the development of interventions to address those needs.

Conclusions

As described in the literature presented to provide the foundation for the conduction of this PI project, an effective onboarding and training process for NMs requires education, support,

attention, mentoring, and direction from their peers and senior leaders, and these actions are

essential for their successful assimilation and growth in the organization (Warshawsky et al.,

2020; Echevarria et al.,2017; McGarity et al., 2020). Despite NMs having reported that they

have assumed this vital role with little to no leadership knowledge, healthcare organizations

across the U.S. continue the practice of learning through experience, resulting in drastic

variations in the onboarding and training process, and role preparation even within the same

institution (Warshawsky et al., 2020).

The conduction of this project has assisted in not only identifying the variations in the

onboarding and training at the MC, but also served to identify essential elements needed for

practice change such as the need to include mentorship, the creation of a mentorship

development program, the individualization of training, and the implementation of EBP

interventions based on professional model and framework to guide these changes. The

recognition from the NE team that MC would benefit from a more effective EB onboarding and

training process training for NMs, and their support to conduct this project, was pivotal for

successful implementation.

Suggestions for a process improvement made at the final presentation to the NE team

depicted in Figure 14, included the three proposed interventions: the adoption of the AONL NM

Self-Assessment Questionnaire; the adoption of the AACN FSNM Modules; and the inclusion of

the AONL NMLDF in the formulation of a skills checklist for the onboarding and training. The

inclusion of a structured mentorship process was strongly emphasized for the implementation of

the three interventions to maximize individualization and training effectiveness. Additional

suggestions to the NE team included the creation of a mentorship program for NMs to

standardize the onboarding and training process, the creation of a financial management training

program to assist NM to improve their knowledge and skills, and institution of a post-training

feedback survey for continuous process and quality improvement.

Sustainability of this project will be vital in keeping the presented interventions project in

the dynamic state shown in JHNEBPM (Appendix F), therefore it is imperative the NE team

incorporate the cost of the two of the interventions described in the cost/benefit analysis

(Appendix E) be considered during budget planning. Other costs that need to be considered

relate to the creation and sustainability of mentorship and financial management training

programs, which are minimal comparing to the potential costs related to the replacement of a

NM from not feeling supported, and from the non-achievement of institutional goals and patient-

related outcomes.
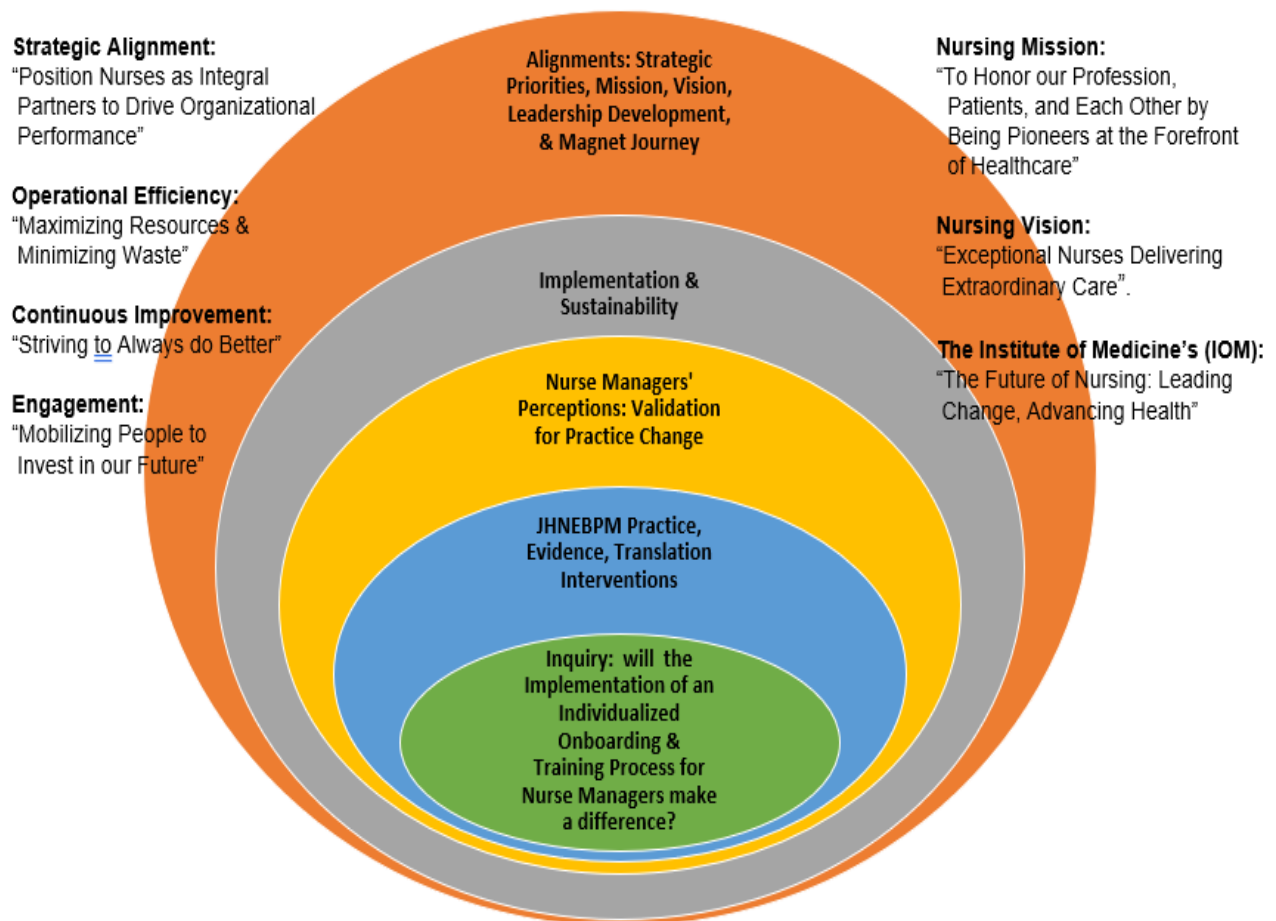
Figure 14
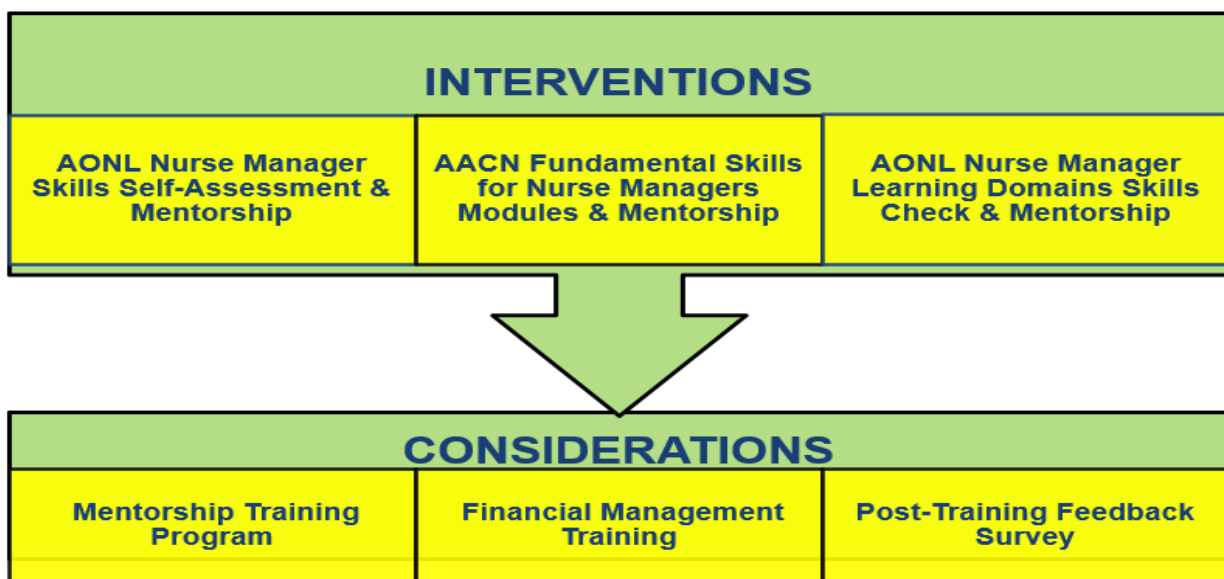
Lastly, each of the circles depicted in Figure 15 represents an important step in the

conduction of this project, beginning with the question related to the need for its implementation

shown at innermost circle, followed by the supported EB literature, model, and frameworks, as

well as the validation of its need, which resulted from the surveys conducted among the 14 NMs.

The next layer relates to the most important steps in the process, which are the implementation

and sustainability of the project, which are vital to success of this project, requiring commitment

and support from the NE and other administrative stakeholders as previously discussed. The

outermost layer of the diagram represents all the potential positive institutional outcomes that

would result from the implementation and sustainability of this project, such as alignments with

strategic priorities, operational efficiency, continuous improvement, engagement, mission,

vision, and with the achievement of Magnet® status.

Figure 15

Strategic Alignment:
"Position Nurses as Integral Partners to Drive Organizational Performance"

Operational Efficiency:
"Maximizing Resources & Minimizing Waste"

Continuous Improvement:
"Striving to Always do Better"

Engagement:
"Mobilizing People to Invest in our Future"

Alignments: Strategic Priorities, Mission, Vision, Leadership Development, & Magnet Journey

Implementation & Sustainability

Nurse Managers' Perceptions: Validation for Practice Change

JHNEBPM Practice, Evidence, Translation Interventions

Inquiry: will the Implementation of an Individualized Onboarding & Training Process for Nurse Managers make a difference?

Nursing Mission:
"To Honor our Profession, Patients, and Each Other by Being Pioneers at the Forefront of Healthcare"

Nursing Vision:
"Exceptional Nurses Delivering Extraordinary Care".

The Institute of Medicine's (IOM):
"The Future of Nursing: Leading Change, Advancing Health"

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Appendix A

| New Jersey Senior Nurse Leaders' Survey Questions |
|---|
| Quantitative Questions |
| What are your organization's policy requirements related to education for nurse managers? |
| Does your organization pay for continuing education? |
| How does your organization support the transition process for nurse managers who are new to their role? |
| Which of the following statements best describes the availability of mentorship in your organization? |
| Qualitative Questions |
| What would the ideal support for the new nurse manager transition look like? |
| What practices are currently being used at your organization? |
| What else could be done to facilitate the new nurse manager transition? |

Appendix B

Permission for use granted by AONL on 09/29/20

Appendix C

Frontline Nurse Leader Professional Development (FNLPD) Conceptual Model
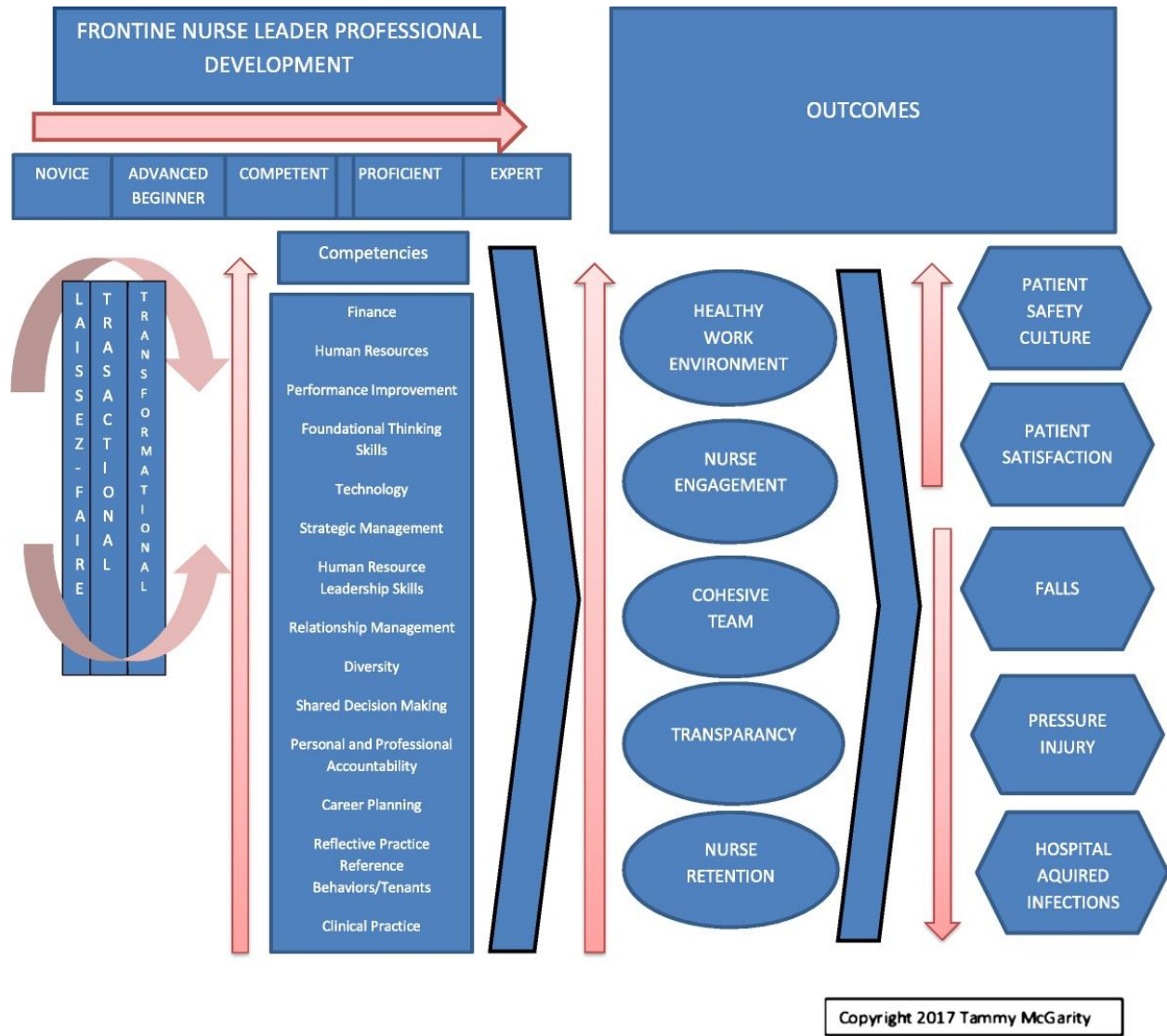
Permission to use this graph has been granted by Tammy McGarity, DNP on 09/19/20
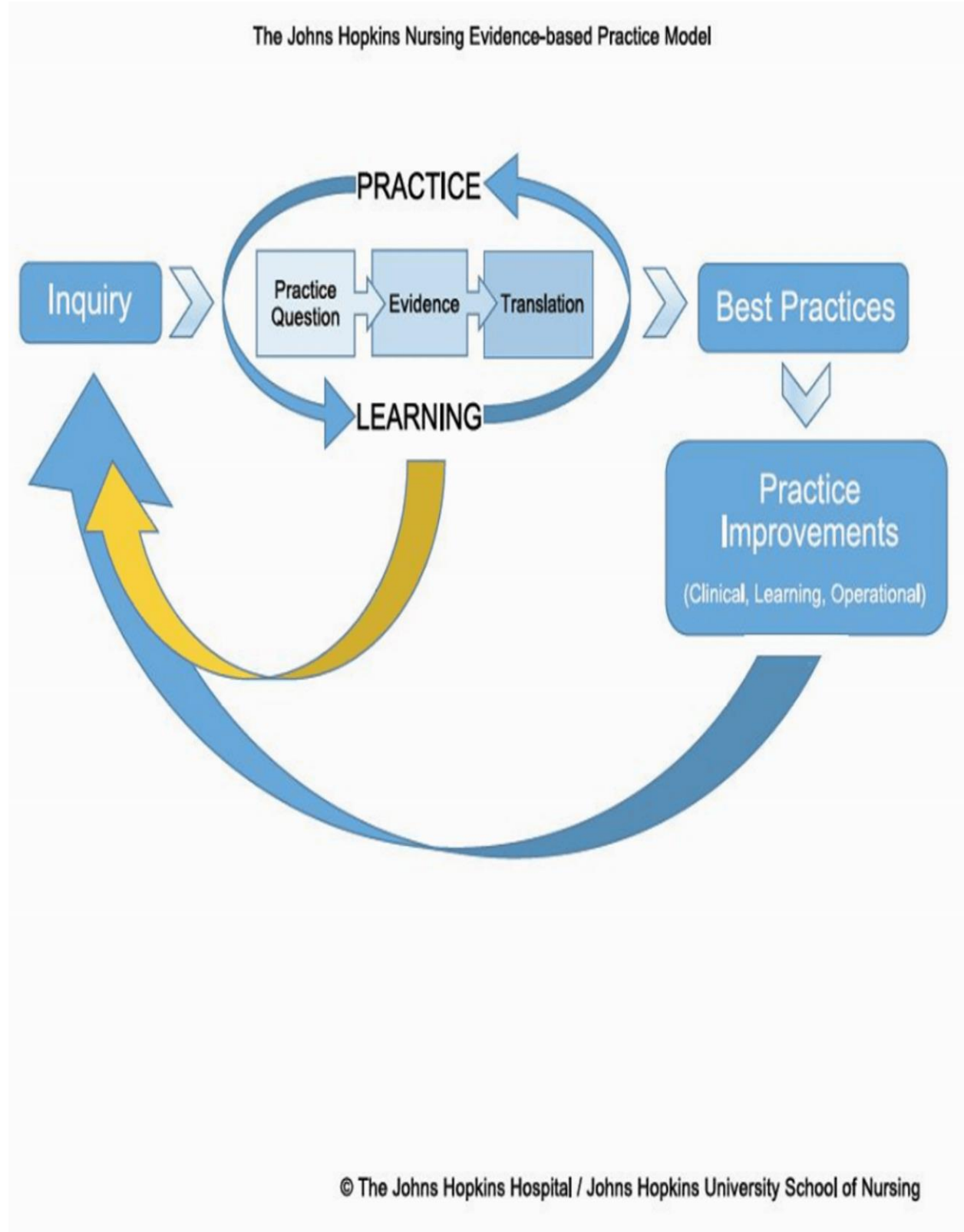
Appendix D

SWOT ANALYSES	
INTERNAL FACTORS	
STRENGTHS	**WEAKNESSES**
1. Strong HR partnership with NM. 2. Utilization of NM mentorship already in Place. 3. Utilization of check-off list to train new NM already in place. 4. Utilization of AONL NM self-assessment Tool. 5. Leadership development training offered to all NMs 6. Professional development opportunities 7. Monthly meetings for NM with CNO, ACNO, and Director	1. The onboarding process does not include scheduled formal introduction of NM to departmental or organizational members. 2. A structured and individualized onboarding and training process for NMs does not currently exist. 3. Current onboarding and training are not based on professional EBP models such as the JHNEBPM, a framework such as the AONL's NMLDF, or a structured module such as the AACN's FSNM. 4. The Current training is fragmented, and there is no post onboarding and training completion competency evaluation, other than the signing of checklist by preceptor.
OPPORTUNITIES	**THREATS**
1. Scheduled formal introductions with team members: peers, staff, CNO, ACNOs, Director, HR, and executive team. 2. Development of a structured and individualized onboarding and training process. 3. Adoption formal NM onboarding and training which are based on professional EBP models such as the JHNEBM, Framework such as the AONL's NMLDF, or training modules such as the AACN's FSNM. 4. Inclusion of a post-onboarding and training evaluation to identify further needs.	1. Loss of valuable human capital: seasoned NMs with longevity will retire and will be replaced by less experienced NMs. Nationally, 6 out of 10 NMs intend to leave workforce in next 5 years (Labrague, 2020). 2. Increased NM turnover resulting from perception of unwelcoming onboarding, and unstructured and non-individualized training (O'Connor, 2017) 3. NM replacement cost from NM turnover: average of 75%-125% of the NMs annual salary (Labrague, 2020).
EXTERNAL FACTORS	

Appendix E

Cost Benefit Analysis – Based on 7 NMs/Fiscal Year		
Interventions	**Costs**	**Benefits**
1. AONL NM self-Assessment Tool	A one-time charge ($10.00/NM - $70.00)	-Skills self-assessment to assist in creating a more individualized orientation. -Allows focus on areas where learning opportunities have been identified
2. AACN NM Essentials Module Completion	A one-time charge ($525.00/NM - $3,600)	-Opportunity to review basic NM skills, Along with infusing the medical center's specific processes and resources needed for a successful onboarding transition and training. -Provision of structured and individualized onboarding and training with a mentor.
3. Implementation of scheduled meetings with stakeholders such as HR, ACNO, CNO, and other team members.	$0.00	-Decreased employee anxiety by scheduling short meetings for introductions to peers, executive team, HR, and other stakeholders. -Promoting team building, collaboration, and instilling a sense of belonging. - Increased NM satisfaction and Retention. -Knowledge enhancement about job functions, processes and about the organization. -Team building and creating a sense of belonging. -Increased sense of security, awareness, and efficiency. -Increased NM satisfaction and retention.

Appendix F

The Johns Hopkins Nursing Evidence-based Practice Model

PRACTICE

Inquiry

Practice Question → Evidence → Translation

LEARNING

Best Practices

Practice Improvements

(Clinical, Learning, Operational)

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Appendix G

	Interventions	Objectives
1	Utilization of the AONL's Nurse Manager Self-Assessment Questionnaire Results, coupled with Mentorship	To shift the focus of the Onboarding and Training process to identified areas for learning opportunities by the NM and Mentor
2	AACN's Fundamental Skills for Nurse Managers - online modules & mentorship	To review basic NM knowledge and skills and provide opportunity for individualization via mentorship
3	Utilization of a Combined Onboarding & Training Checklists – based on AONL's Nurse Manager Learning Domain: The Science; The Art; and The Leader Within.	To prioritize the onboarding and training based on the AONL's Nurse Manager Learning Domains Framework: ie: The Science: involves tasks that a NM needs on daily basis.

Appendix H

Pre-Intervention Survey				
Questions	**Answer Choices**			
1. How many years have you worked as a registered nurse, including years as nurse manager?	1. 1-5	2. 6-10	3. 11-15	4. >15
2. How many total years have you worked as a nurse manager, including at other institutions?	1. 1-5	2. 6-10	3. 11-15	4. >15
3. How many years have you worked as a nurse manager at this medical center?	1. < 1	2. 1-2	3. 2-3	4. >3
4. During your initial 90 days of training as a nurse manager at this medical center, were you asked to complete the American Organization for Nursing Leaders (AONL) Nurse Manager Competency Questionnaire?	1. Yes	2. No	3. Not Sure	
5. If your answer to question #4 was "yes", were the results of the questionnaire reviewed by your mentor or preceptor, and utilized as part of your onboarding and training?	1. Yes	2. No	3. n/a	
6. During your initial 90 days of training as a nurse manager at this medical center, were you assigned to complete formal nurse manager-specific training modules, which were reviewed by your mentor or preceptor to guide your training?	1. Yes	2. No		
7. During your initial 90 days of training as a nurse manager at this medical center, were you formally scheduled to meet-and-greet your peer nurse manager, HR partner, ACNO, and CNO?	a. Peer Nurse Managers b. HR Partner c. ACNO d. CNO	1. Yes 2. Yes 3. Yes 4. Yes	2. No 2. No 2. No 2. No	
8. During your initial 90 days of training as a nurse manager at this medical center, how many hours on average did your mentor or preceptor spend with you per week?	1. <1	2. 1-2	3. 2-3	4. 3-5
9. Overall, how prepared did you feel after your initial 90 days of training at this medical center to execute nurse manager duties?	1. Not Prepared	2. Moderately Prepared	3. Prepared	4. Well Prepared	5. Extremely prepared

Appendix I

Post-Intervention Survey				
Questions	Answer Choices			
1. How many years have you worked as a registered nurse, including years as nurse manager?	1. 1-5	2. 6-10	3. 11-15	4. >15
2. How many total years have you worked as a nurse manager, including at other institutions?	1. 1-5	2. 6-10	3. 11-15	4. >15
3. How many years have you worked as a nurse manager at this medical center?	1. < 1	2. 1-2	3. 2-3	4. >3
4. After being in-serviced on the proposed intervention: "The utilization of the AONL Nurse Manager Competency Questionnaire to identify areas for improvement opportunity and to guide the nurse manager's training in combination with mentorship", please state in a short paragraph how useful you believe this intervention will be in assisting with the onboarding and training of nurse managers at this medical center in their first 90 days. Please incorporate 1-2 examples in your answer				
5. After being in-serviced on the proposed intervention: "The utilization of the AACN's Fundamental Skills for Nurse Managers training modules in combination with mentorship" please state in a short paragraph how useful you believe this intervention will be in assisting with the training of nurse managers at this medical center in their first 90 days. Please incorporate 1-2 examples in your answer				
6. After being in-serviced on the proposed intervention: "Utilizing a nurse manager training checklist which is based on a nursing evidence-based practice model or framework" please state in a short paragraph how useful you believe this intervention will be in assisting with the training of nurse managers at this medical center in their first 90 days. Please incorporate 1-2 examples in your answer				
7. How would you rate your perceived overall effectiveness of the three interventions in moving a nurse manager from a novice or advanced beginner, to a competent, proficient, or expert level of competence?	1. Not Effective	2. Moderately Effective	3. Effective	4. Very Effective	5. Extremely Effective

Appendix J

AACN's Fundamental Skills of Nurse Management (FSNM) Modules Content	
Module 1	Getting Started as a New Nurse Manager
Module 2	Human Resources Management
Module 3	Financial Management
Module 4	Quality and Safety
Module 5	Leadership.

Appendix K

NURSE MANAGER ORIENTATION CHECKLIST

Name: **Title:**

Manager: **Date of Hire/Promotion:**

Introduction:
This self-paced orientation, with oversight by the nurse manager's preceptor/Director/Associate Chief Nursing Officer (ACNO), is designed to give new nurse managers an overview of the Medical Center's philosophies, structure, policies, procedures, and systems. The topic areas are arranged by the Standards of Behavior that serve as the cornerstones of our organization.

New nurse managers should first review this checklist with their Director/ACNO to identify additional individuals or departments beneficial to their orientation. Appointments should be made by the Director/Associate Chief in any preferred order, providing that entire process is completed within three (3) months of the date of hire/promotion. A copy of this form should be returned to Human
Resources and to the Director/ACNO.

The Science: Managing the Business	
Facility Tour	*Initial When Complete*
Competency: • Verbalizes an understanding of the physical plant of the Medical Center and associated buildings. • Tour on your own	
Organizational Structure	*Initial When Complete*
• Verbalizes an understanding of the organizational chart and departmental philosophies • Is aware of chain of command and communicating with Associate Chiefs and CNO	
Contact: • ACNO	
E-mail, Personal Time Management, Space Utilization	***Comments*** *(contact names; completion date)*
E-mail, Personal Time Management, Space Utilization	Comments
Organizational/Departmental Strategic Goals	*Initial When Complete*
Review and Discuss • Utilization of Google for e-mail and calendar functions • Conference Room scheduling process	

Contacts ● helpdesk@medicalcenter.org – email for issues with any Google applications (i.e.email, calendar, Drive, etc.), or call extension: xxxx ● http://goinggoogle.medicalcenter.org/ - Resources to learn how to use G Suite at Work	
Colleague Connection / Peoplesoft Applications	***Comments*** *(contact names; completion date)*

Review and Discuss
●   Ensure you have appropriate access (i.e. Manager Self Service dashboard, ability to see direct reports, etc.)
https://lhebenefits.medicalcenter.org/psp/HPRD92/?cmd=login&languageCd=ENG& Colleague Connection Learning Portal
    ●   Employee Self Service – review various tip sheets to learn how to update your own personal information
    ● Manager Self Service – review various tip sheets to learn how to perform different tasks within PeopleSoft for your direct reports	

Contacts ● pshcm@medicalcenter.org – email for system related issues (i.e. incorrect access, issues with logging in, etc.) ● hrdata@medical.org – email for job data questions/changes (i.e. checking status of pay change that has been submitted via MSS)	
Payroll	***Comments*** *(contact names; completion date)*
Payroll & Personnel Maintenance Procedures	*Initial When Complete*

Competency:
    ●   Understands the process for reporting hours worked by agency personnel
    ●   Understands how to complete exception sheets
    ●   Understands how to complete payroll adjustment sheets
    ●   Understands how to pay employees bonus time *Review and Discuss*
    ● Review earning codes to pay colleagues (i.e. differentials, bonus, etc.)	

Contacts ● payroll@medicalcenter.org – email for payroll related issues ● Payroll team contact	

Corporate Integrity Program	***Comments*** *(contact names; completion date)*
Review and Discuss ● Corporate Compliance program on internet or any other intranet ● Medical Center's Code of Conduct ● Corporate Compliance Policy (how to report concerns) ● Demonstrates knowledge of the Corporate Compliance Policy and contents ● Is aware of the Medical Ethics Committee its purpose and how to make a referral and the Nursing Ethics Council,	

Human Resources / HR Business Partner / Recruitment	Comments (contact names; completion date)
Review and Discuss ● Set up appointment with HRBP and recruiter to review the following: ● Employee relations ● Labor Relations (if applicable) ● Benefits and eligibility ● Colleague development process ● Position approval, including how to post positions and hire colleagues ● Talent acquisition and management processes ● HR policies and procedures i.e.: attendance and work attire ● Resources of People Strategies on internet. i.e.: Compliance information, Performance appraisal, competence assessment, Mandatory Education, HRO Conflict of Interest, licensure, and BLS/ACLS	
Contact ● HR contacts	

Organizational Goals	Comments (contact names; completion date)

Review and Discuss
 ●   Organization's Mission, Vision and Values
 ●   Organization's operating goals
 ●   Departmental goals
 ●   Is familiar with:
      Nursing Strategic Plan
      Mission, Vision, Values, Philosophy
      Plan of Action
 ●   Value Based Purchasing including:
 ●   Patient Experience and Care Process
 ●   Outcome Measures
 ●   Unit/Departmental metrics
 ●   Evidenced Based communication strategies:
      AIDET
      Teach back	

Health Services Library/Patient Education Materials	Initial When Complete
Competency: ● Understands how to access materials at the Library ● Understands OVID ● Lexicomp ● ECMS – Patient Education Materials Library	
Contact: ● Medical Librarian ● ACNO Nursing Education and Nursing Informatics	

Risk Management	Initial When Complete
Competency: ● Able to verbalize the functions of risk management	

● Knows how to use the safety reporting system through internet with follow-up action ● Is aware of documentation, confidentiality, and risk management issues specific to own department or practice ● Knows how to process patient complaints ● Demonstrates how to contact Risk Management concerning incidents or sentinel events ● Is knowledgeable of what constitutes a reportable event ● Service recovery process	
Contact ● Office of Risk Management ● Office of Customer service/Patient Advocacy	
Employee Health	*Initial When Complete*
Competency: ● Demonstrates an understanding of the policies and procedures related to work-related injuries, illnesses exposures and fitness for duty ● Understands the process for filing and follow-up on an electronic a safety report. ● Knows how Employee Health can support both managers and staff	
Contact: ● Human resource Specialist ● Employee Health Service Manager	
Quality & Safety	*Initial When Complete*
Competency: • Verbalizes role and response of nurse manager related to nursing and organizational Quality & Safety plan • Is familiar with the appropriate JC requirements for their service area • Is aware of resources available for quality improvement • Demonstrates an understanding of Nurse Managers' and colleagues' roles in the organization's performance/quality process ● Able to read and analyze patient satisfaction data ● Able to access and interpret dashboard data ● Core Measures ● Patient Experience ● All publicly reported data ● Is familiar with Patient/family Advisory Council ● Is familiar with auditing process and tools including: HRO, Tracers etc.	
Contact: ● Manager of Regulatory Affairs ● Director of Risk Management ● ACNO Nursing Education and Nursing Informatics	
Safety & Security	*Initial When Complete*
Competency: ● Is aware of responsibilities for staff and facility safety & security	

● Understands processes for reporting and following up on repairs through maintenance and engineering ● Understands the service areas responsibility in the emergency management program ● Understands the process for maintaining, repairing and retiring medical equipment through biomedical ● Understands the departmental role/responsibility, with regards to the Organizational Emergency Management Plan	
Contact: ● Director, Material Services and Security ● Safety Officer ● Director, Engineering and Maintenance ● Director, Biomedical Engineering	
Contact: ● Corporate Compliance Officer ● Nursing Ethics Council Chair	
Administrative Manuals and Information Services	*Initial When Complete*
Competency: ● Demonstrates knowledge of accessing policies, procedures, and other resources through internet. ● Demonstrates knowledge of policies, procedures and other resources in the following manuals: Infection Control, Safety Manual, Lab Manual, Nursing Manual, Trauma Manual, Human Resources Policies & Procedures, Clinical and Administrative Policies & Procedures, SharePoint – Unit Homepage, ECMS ● Demonstrates an understanding the role of IT and is aware of services available through the department including technical support and the HELP desk. ● Is aware of procedures related to hardware and software, email, etc. ● Is aware of HIPAA Security issues and our related policies and procedures ● Is familiar with the Intranet and Internet and the development of each	
Contact: ● Director Nursing Education and Nursing Informatics ● Help Desk extension X xxxxx	
FISCAL ACCOUNTABILITY	*Initial When Complete*
Assist SLD with Planning and Forecasting a Budget	
Competency: ● Calculating FTEs ● Planning annual budgets ● Interpreting financial reports: Payroll analysis ● Interpreting financial reports: Accounts payable report ● Interpreting financial reports: FTE analysis ● Projecting workload/productivity/AMS Reports ● Interpreting UHC productivity benchmarks ● Capitation ● Planning capital budgets ● Participates in the interdisciplinary process to plan capital ● Identifying budget variances	

● Interpreting budget variances	
Contact: ● Director, Clinical Performance and Financial Systems ● Department Service Line Director ● Finance Liaison ● Departmental Associate Chief	
CASE MANAGEMENT	*Initial When Complete*
Understands role of case manager and implications for re-admissions	
Contact: ● Case Management Manager	

The Art : Leading the People		
Staff Education and Development		*Initial When Complete*

Competency:
● Knows the procedure for Annual Mandatory Education Orientation
● Is familiar with resources available to staff including:
    ➢ Tuition reimbursement,
    ➢ Loan forgiveness,
    ➢ Organizational and workforce development
    ➢ Knows resources available through Center for Clinical/Professional Development
    ➢ BCLS, ACLS, PALS and CEU/MA RN Programs
● Can access Massnet Nursing at Lahey
● NLMS E-Learning Management System
● Annual educational needs assessment
● Annual unit educational needs assessment
● Accessing on-line course catalogue
● Annual Competency Program		

Contact: ● ACNO Nursing Education and Nursing Informatics		
Human Resource/Recruitment		*Initial When Complete*
Is familiar with and demonstrates how to utilize: ● Employee relations and disciplinary process ● Employee benefits and eligibility ● Employee development process ● Hiring, interviewing and termination process ● HR policies and procedures i.e.: attendance and work attire ● Understand how to use the resources of People Strategies on internet. i.e. Compliance information, Performance appraisal, competence assessment, Mandatory Education, HRO and Conflict of Interest, licensure, BLS/ACLS ● Colleague Connection /PeopleSoft Applications to view and manage applications for the recruitment process ● Understands the process of submission to Work Force Management for approval to post positions and hire		

Contact ● Employee Relations Specialist to review policy procedure and recruitment process schedule ● Human Resource Specialist/Recruiter	
Employee Assistance Program (EAP)	*Initial When Complete*
Understands the resources of EAP and how to refer employees	
Contact ● EAP Program Coordinator	

GROWTH	*Initial When Complete*
Career Development for Staff	
Competency: ● Is aware of how career development opportunities can retain and develop staff ● Understands full range of career development opportunities for staff at the Lahey Hospital & Medical Center	
Contact: ● Director, Workforce Development – HR ● ACNO Nursing Education and Nursing Informatics	

Staffing and Scheduling	*Initial When Complete*
Competency: ● Attendance control procedures (refer to Payroll & Personnel Maintenance Procedures) ● Position control ● Planning staffing schedules ● SharePoint – time away request, Holiday rotations, WEB Scheduler	
Contact: ● ACNO Nursing Education and Nursing Informatics	

Unit Specific Competency	*Initial When Complete*
Identifies unit-specific competencies for each level of personnel assigned to areas of accountability.	*Initial When Complete*
Competency: ● Reviews/updates unit Scope of Service Plan annually ● Describes the patient population served in terms of age, acuity, and diagnoses ● In collaboration with Human Resources, participates in unit-based colleague record review and audit process to ensure accuracy and completeness of personnel files	
Contact: ● ACNO ● Human Resource Specialist	
Describes the performance review process for nursing personnel assigned to areas of accountability.	*Initial When Complete*

Competency: ● Identifies JC and MA standards/regulations through the Department of Public Health (DPH) and Center for Medicare and Medicaid Services (CMS) related to the periodic performance review for personnel ● Identifies individuals assigned to areas of accountability who require a performance review during the orientation period. ● Schedules an appointment for each performance review ● Communicates plan to staff ● Compliance with BSN Mandate by 2020	
Contact ● ACNO	
Identifies opportunities for educational development of nursing staff.	*Initial When Complete*
Competency: ● Reviews Nursing Education calendar for upcoming offerings ● Describes the registration process for Nursing educational programs	

Contact:
     ● Clinical Educator
     ● ACNO Nursing Education and Nursing Informatics	

Describes the role of the Nurse Manager in counseling/progressive discipline process.	*Initial When Complete*
Competency: ● Reviews Human Resource personnel policies related to counseling/progressive discipline ● Identifies individuals assigned to areas of accountability who have progressed to the written warning step or beyond in the progressive discipline process. ● Discusses strategies with ACNO and/or Human Resource Employee Relations Specialist regarding any individual at the final warning stage.	
Contact: ● ACNO	

SHARED GOVERNANCE	*Initial When Complete*
Competency: ● Understand the decision-making process in a shared governance model ● Provides Leadership for the unit-based councils ● Is familiar with Magnet process ● Familiar with role of Unit Based Champions ● Is familiar with council member role	
Contact: ● ACNO of Nursing Education and Nursing Informatics	
Pharmacy	*Initial When Complete*
● Medication Reconciliation process ● Med Triage ● RX Auditor	
● Medication Management	

Contact:
     ● Director of Pharmacy
     ● Nursing Informatics	

The Leader Within: Creating the Leader in Yourself	
Completion of Studer/Huron Modules and Attendance Leadership Meetings	
- Personal and Professional Accountability - Career Planning - Personal Journey Disciplines - Optimizing the Leader Within - Consider: Nursing Executive Certification (NE-BC or NEA-BC) Comments:	

The following leader has achieved competency in the above areas, and all areas have been reviewed and sufficiently discussed.

New Leader Signature_____Date:_____

Nurse Manager Preceptor_____Date:_____

Supervisor's Signature_____Date:_____