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The National Safety and Quality Health Service Standards Requirements for Orientation and Induction within Australian Healthcare: a review of the literature

L Boyd and J Sheen

**Abstract**

*Introduction:* A workplace orientation program is a core requirement of the National Safety and Quality Health Service (NSQHS) Standards in Australia. This is particularly important within healthcare as patient safety and the patient experience are at risk if the healthcare workforce is not supported with an effective orientation and induction program.

*Aim:* This study aimed to review the literature and map the requirements of the NSQHS Standards in relation to orientation and induction.

*Method:* This study utilised online databases to search for literature pertaining to orientation and induction within healthcare. Inclusion criteria included relevance to research questions, and originating in a country with a comparative health system to Australia.

*Results:* The search identified a total of 202 articles of potential relevance with 42 articles meeting the inclusion criteria. Articles were ranked according to hierarchy of evidence criteria for both qualitative and quantitative studies. The importance of using orientation to detail safety and quality roles, the organisations’ risk management system, governance structure, operational processes and procedures was highlighted. Patient-centred care, antimicrobial stewardship, clinical handover and mechanisms for escalation of care and emergency assistance should also be covered within the orientation process.

*Conclusion:* There is a dearth of studies in relation to orientation and induction in the healthcare literature. Orientation content is now clearly prescribed, what is lacking within healthcare is a standardised framework. Concept mapping, educational theory and adult learning methods have been shown to enhance workforce problem solving and engagement with orientation, however further research is needed to enhance practice.

*Abbreviations:* ACSQHC: Australian Commission on Safety and Quality in Health Care; NSQHS: National Safety and Quality Health Service.

*Key words:* National Safety Quality standards; orientation; induction.

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**Introduction**

A workplace orientation program is a core requirement of the National Safety and Quality Health Service (NSQHS) Standards in Australia. Orientation and induction play a significant role in helping new employees understand the organisation and learn about vision, values and workplace culture. They are particularly important within healthcare as patient safety and the patient experience are at risk if the healthcare workforce is not supported with an effective orientation and induction program.

The terms ‘induction’ and ‘orientation’ are often used synonymously, however they refer to complementary but distinctly different stages of the workplace transition process.
Defining orientation
Orientation is an introductory stage in the process of new employee assimilation, and a part of the individual’s socialisation process within an organisation. Major objectives of orientation are to gain employee commitment, reduction of anxiety, assist in understanding the organisation’s expectations, and convey what can be expected from the job and the organisation. [1] Boyle et al, define orientation as the familiarisation of a new staff member to the layout and functioning of a workplace. [2]

According to the Australian Commission on Safety and Quality in Healthcare (ACSQHC), orientation is a formal process of informing and training workforce upon entry into a position or organisation, which covers the policies, processes and procedures applicable to the organisation. [3]

Defining induction
The literature portrays varying descriptions and fluctuating degrees of induction.

Kearney suggests that induction is the primary phase in a multi-faceted continuum of structured beginning professional development. Induction is not a one-off event or orientation. [4] Rather, induction is a comprehensive process supported by all levels of the organisation with a focus on the local workplace.

There is no definition or reference to induction in the NSQHS Standards. [3]

Aim
All hospitals and day procedure services across Australia need to be accredited to the NSQHS Standards following their introduction in January 2013. [3] The NSQHS Standards differ from past accreditation criteria and this has resulted in the need to review all elements of the core and developmental criteria of Standards 1-10 to ensure organisational alignment.

This study aimed to review the literature and map the requirements of the NSQHS Standards in relation to orientation and induction to assist Human Resource Managers and Educators to identify and address the criteria.

Research questions
The review also considered the following research questions:
• What are the functions of orientation and induction within healthcare?
• What are the NSQHS Standards requirements in regards to orientation and induction?
• What gaps exist in the literature base for orientation and induction?

Search strategy
This review sought to identify all relevant studies involving the orientation and induction process that are applicable within healthcare. The search terms, inclusion and exclusion criteria and outcomes are shown in Table 1.

The initial search utilised the databases Ovid Medline, CINAHL, PsycINFO, Web of Science, ERIC and Australian Education Index. Boolean operators such as ‘AND’ and ‘OR’ were used to enhance inclusivity. The search timeframe was initially limited from December 2007-December 2013. For rapidly developing areas, a search timeframe of five years was deemed appropriate, however results were limited so the timeframe was increased to 10 years. [5,6]

Websites, such as the Australian Department of Health and Aging and The Australian Commission on Safety and Quality in Health Care (ACSQHC) were hand searched for material relating to orientation and induction.

Findings
The search identified a total of 202 articles of potential relevance. The results were reviewed through a title and abstract search. One hundred and sixty seven studies failed to meet the inclusion criteria. This left 35 articles. Reference lists from these articles were reviewed to identify additional literature, with an author search locating another four relevant documents.

A grey literature search was then conducted using the Google Search Engine, and previously utilised keywords. This resulted in a further three articles. The final total of 42 articles informed this review.

Discussion
The literature reviewed was used to answer the research questions highlighted at the beginning of this paper.

Functions of orientation
Research has shown that there are many benefits to establishing an effective organisational orientation process. [7-9] It helps employees settle into their new role faster and become productive sooner. [8] Informed employees feel a sense of belonging to the organisation and are able to operate at their full potential earlier. [9] In contrast, Allee found that orientation did not influence individuals’ levels of commitment, performance or satisfaction. [10]
<table>
<thead>
<tr>
<th><strong>KEYWORDS</strong></th>
<th>Inservice training (MESH) OR Employee orientation or Student orientation or ‘employee orientation program’ and Hospital education OR personnel, hospital <em>education OR personnel management</em> methods Employee induction or Student induction or ‘employee induction program’ Workplace orientation or induction Worker OR employee OR student and Inservice training (MESH) OR Employee orientation or Student orientation or ‘employee orientation program’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADDITIONAL INFO/SOURCES</strong></td>
<td>Excluded articles... NOT patient education NOT staff development NOT curriculum NOT continuing education NOT professional development NOT health promotion</td>
</tr>
<tr>
<td><strong>FILTERS</strong></td>
<td>Inclusion criteria... Evidence-based Relevance to research questions Originating in a country with a comparative health system to Australia Originating in a country with social or cultural similarities to Australia</td>
</tr>
<tr>
<td></td>
<td>Five years initially then increased to 10 years English</td>
</tr>
</tbody>
</table>

Within healthcare, a comprehensive orientation will ultimately enhance patient safety and the patient and family experience. [3] Although the value and need of a well-designed orientation process is explicated in the literature, the best model to use to achieve optimal outcomes is not overt. [11]

**Functions of induction**
A structured induction process leads to improved staff morale, engagement and greater commitment to the organisation. [7] Productivity is enhanced and proficiency improves when employees engage in a comprehensive induction. [1] Engaged employees will stay longer, leading to lower staff turnover and reduced recruitment and training costs. [9,12]

The value of a well planned orientation and induction in supporting novice clinicians is well documented, [13-15] however, there is little agreement regarding the appropriate length, content and process for orientation and induction. [16] This is supported by a review of public access hospital websites across Australia where stated processes vary from one day to six weeks.

**The NSQHS Standards requirements in regards to orientation and induction**
An effective organisational orientation process is a requirement of the NSQHS Standards. Orientation is directly addressed as core criteria in Standards 1 and 2 (Please refer to Table 2). Orientation is also mentioned as possible evidence in a number of related NSQHS standards as detailed in Table 3.
Table 2: Mapping of the NSQHS Standards criterion and actions relating to orientation. [3]

<table>
<thead>
<tr>
<th>NSQHS STANDARD</th>
<th>THIS CRITERION WILL BE ACHIEVED BY:</th>
<th>ACTIONS</th>
<th>EXAMPLES OF EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1 Governance and quality improvement systems</td>
<td>1.4 Implementing training in the assigned safety and quality roles and responsibilities</td>
<td>1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities</td>
<td>Evidence of the assessment of training needs through review of incidents, performance data, workforce feedback, workforce reviews, system audits and policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Education resources and records of attendance at training by the workforce on safety and quality roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review and evaluation reports of education and training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback from the workforce regarding their training needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relevant guidelines, legislation and standards that are accessible to the workforce</td>
</tr>
<tr>
<td>Standard 1 Governance and quality improvement systems</td>
<td>1.4 Implementing training in the assigned safety and quality roles and responsibilities</td>
<td>1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities</td>
<td>Policies, procedures and protocols that are accessible to locum and agency workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Orientation and education resources for locum and agency workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Skills appraisals and record of competencies for locum and agency workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Communication to locum and agency workforce related to their safety and quality roles and responsibilities</td>
</tr>
<tr>
<td>Standard 2 Partnering with consumers</td>
<td>2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation</td>
<td>2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role</td>
<td>Policies or processes in place that describe the orientation and ongoing training provided to consumers and carers who are in partnerships with your organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Orientation and training is provided to consumers partnering with your organisation and your organisation documents training attendance, training calendars and training materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Orientation and training is provided to consumers partnering with the organisation via an external training provider. Your organisation documents training attendance, training calendars and training materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Consumer evaluation reports of orientation and training sessions</td>
</tr>
</tbody>
</table>
Table 3: Orientation as evidence for other NSQHS Standards. [17]

<table>
<thead>
<tr>
<th>NSQHS STANDARD ACTIONS</th>
<th>EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6.1: Clinical leaders, senior managers and the workforce access training on patient centred care and the engagement of individuals in their care</td>
<td>Training curricula, resources or materials that include sections on consumer centred care, implementation of a personally controlled electronic health record, partnerships and consumer perspectives are utilised for orientation and ongoing training</td>
</tr>
<tr>
<td>3.14.4: Action is taken to improve the effectiveness of antimicrobial stewardship</td>
<td>Orientation and education program attendance records demonstrate prescribers and clinical workforce are informed and educated about antimicrobial resistance, local stewardship activities, and their roles and responsibilities</td>
</tr>
</tbody>
</table>
| 6.1.1: Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored  
6.2.1: The workforce has access to documented structured processes for clinical handover that include:  
• preparing for handover, including setting the location and time whilst maintaining continuity of patient care  
• organising relevant workforce members to participate  
• being aware of the clinical context and patient needs  
• participating in effective handover resulting in transfer of responsibility and accountability for care | Education resources and records of attendance at training, orientation, in service by the workforce on the organisation's protocols for clinical handover |
| 9.4.1: Mechanisms are in place to escalate care and call for emergency assistance | Orientation and ongoing education resources and records of attendance at training by the workforce |

The ACSQHC (2012) highlights the importance of using orientation to detail safety and quality roles, the organisations’ risk management system, governance structure, operational processes and procedures. [3]

Patient-centred care, antimicrobial stewardship, clinical handover and mechanisms for escalation of care and emergency assistance should also be covered within the orientation process as suggested in the evidence requirements within the ACSQHC Hospital Accreditation Workbook. [17]

The ACSQHC Standard 1 and 2 Improvement Guides also suggest that organisations review their orientation, education and training policies to ensure:

- There is a demonstrable link with its safety and quality systems;
- Workforce mandatory orientation, education and training requirements are clearly defined and that a substantial element addresses clinical safety, quality, leadership and risk;
- There are clear policies or procedures in place that describe the required orientation and training needs of consumers who are partnering with the organisation;
- There is access to suitable orientation for consumers and/or carers who partner with the organisation;
- Attendance at orientation for all parties is tracked and reported. [18,19]
Gaps in the literature base for orientation and induction

The major gap in the literature reviewed related to the lack of a framework to standardize healthcare orientation and induction. Of the papers reviewed only two suggest an underpinning framework.

Concept mapping was proposed by Wilgis and McConnell as an effective model for developing critical thinking and clinical decision-making skills during orientation. [20] The authors used a descriptive comparison study to determine whether concept mapping improved critical thinking skills. Concept maps were found to be effective in assisting staff to organize their thoughts and actions when they were faced with large volumes of information at orientation. Most importantly, they enhanced critical-thinking skills by assisting the workforce to succinctly visualize priorities.

Ward (1998) proposed an orientation program underpinned by educational theory and adult learning methods. [21] This incorporates using adult learning activities such as:

- Role plays or scenarios;
- Case study exercises;
- Problem-based learning exercises;
- Individual, group and class work using visual, auditory or kinaesthetic stimuli to prompt discussion and related class work.

Using well-tested adult learning concepts such as these provides a sound evidence-based platform for the learning that occurs during orientation.

Adult learning theory is founded on the principles that effective training is:

- Relevant – to the experience or intended experience of the adult learner;
- Engaged – the adult learner retains knowledge and concepts more readily if they are engaged in the process of discovery and exploration rather than being the recipient of information;
- Active – the learning process should be active, and replicate as closely as possible the environment within which the skill or knowledge will be applied; and
- Learner-centred. [22]

Limitations

Databases within business and management were not searched and may have resulted in the retrieval of other studies. Searches were limited to articles published in English. This may have limited exposure for articles published from other countries with similar health care systems or cultures.

Recommendations for future research

This review has revealed three main areas worthy of further investigation. Firstly, an examination of models and frameworks to underpin orientation is warranted. The impact of the NSQHS Standards on orientation and induction within healthcare in Australia should also be examined. Finally, an evaluation of orientation processes within healthcare would assist in informing future directions.

Conclusion

There is a dearth of studies in relation to orientation and induction in the healthcare literature. There are a number of implications for healthcare organisations if they are to meet the NSQHS standards. Orientation must include safety and quality roles, the organisations’ risk management system, governance structure, operational processes and procedures. In addition, patient-centred care, antimicrobial stewardship, clinical handover and mechanisms for escalation of care and emergency assistance should also be addressed. Orientation content is clearly prescribed by the NSQHS standards with safety, quality, leadership and risk being the primary foci. The gap in the literature relates to an underpinning framework. Concept mapping, educational theory and adult learning methods have been shown to enhance workforce problem solving and engagement with orientation, however further research is needed to enhance practice.

Competing Interests

The authors declare that they have no competing interests.

References


