An Interdepartmental Team Approach to Develop, Implement, and Sustain an Oncology Nursing Orientation Program

Nancy Kuhrik, PhD, RN, Linda Laub, MSN, RN, Marilee Kuhrik, PhD, RN, and Kathy Atwater, AA

The dearth of RNs continues to seriously threaten the current healthcare system with predictions that, by 2025, the nursing shortage will reach 500,000 RNs just at the time baby boomers will retire and need increased healthcare resources (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008). Concomitantly, orientation and retention of graduates and seasoned nurses new to the specialty area of oncology offer challenges to managers and clinical leaders within increasingly complex medical and cancer center environments. Equally important to replenishing the shortage of nurses is the challenge to institute measures that will help to retain nurses by providing awareness of diverse inpatient and outpatient oncology clinical nursing opportunities. Oncology nurse managers and educators reviewed the literature to determine evidence-based strategies that show promise of improving satisfaction and retention of nurses.

According to the 2007 report by the College of Registered Nurses of Nova Scotia (CRNNS), 2007), outcomes regarding the job satisfaction and retention of nurses are directly correlated with an adequate orientation process. This process, as identified by the CRNNS, includes acquainting nurses with policies, procedures, purposes, philosophies, and expectations related to nurses’ new roles and must evolve to match the changes within the healthcare environment and acknowledge specific nursing practice specialties. In an article by Erenstein and McCaffrey (2007) relating to how healthcare work environments influence nurse retention, the authors identified a critical issue: the need for healthcare leaders and administrators to develop and maintain partnerships with nurses that promote trust and support to enhance nursing practice. Keeping communication lines open for manager-to-staff dialogue is an important first step.

In a national survey of 3,500 RNs licensed to practice in the United States, data indicate that respect from managers and formal recognition of accomplishments were viewed as favorable factors important in retention of nurses (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Dyess and Sherman (2009) suggested new nurses report feeling less alone in their organizations when they have opportunities to communicate directly with their nurse leaders, whereas, in contrast, Erenstein and McCaffrey (2007) noted the irony that administrators want nurses to communicate and make decisions, yet nurses did not feel that they could build effective communication skills because administrators were not accessible enough to do so.

Background

The 2005 designation of the Siteman Cancer Center at Barnes-Jewish Hospital (BJH) and Washington University School of Medicine (WUSM) as a National Cancer Institute (NCI)-designated comprehensive cancer center prompted the executive director to enhance the current orientation for RNs in oncology, focus energies on methods to improve staff nurses’ knowledge of oncology services, and provide exposure to the multiple nursing roles and institution recruitment-from-within opportunities. Oncology nurse managers recognized that their nurses had little understanding of the breadth and depth of the total patient care experience provided by nurses in alternate oncology care environments throughout the cancer center. As a result, staff nurses were not able to educate patients and families to the fullest about services the cancer center had to offer in areas other than their own focused and specialized nursing units. Therefore, when nurses were unable to build on previously acquired knowledge of patients and collaborate fluidly between inpatient and outpatient departments, concern arose that this was leading to frustration and disconnect. Inpatient nurse managers were becoming increasingly aware of how their oncology staff did not identify themselves as members of the cancer center, whereas the majority of nurses who worked in the outpatient chemotherapy infusion center always readily identified themselves as “working in the cancer center.”

An enhanced oncology nursing orientation was proposed to promote nurses’ recognition that they are a part of the cancer center and improve working relations, retention, job satisfaction, and patient care. Implementing this new orientation presented an enormous challenge in the authors’ matrix organization. These challenges are more complicated in a busy NCI-designated comprehensive cancer center located within a large medical center.

In 2000, BJH joined with WUSM to form the Siteman Cancer Center. BJH was awarded Magnet® designation in 2003 by the American Nurses’ Credentialing Center, which BJH has maintained since. WUSM is one of the top three medical schools in the United States. Because of the size and complexity of both the hospital and the School of Medicine, the cancer center is a very large and administratively complex organization.

Siteman Cancer Center offers the expertise of more than 350 WUSM research scientists and physicians who provide care for more than 6,000 newly diagnosed adult patients with cancer each year. Siteman Cancer Center is the nation’s fifth-largest cancer center (based on new cancer cases), with 165 inpatient beds in five specialty units (leukemia and lymphoma, bone marrow transplantation, gynecologic oncology, and two medical oncology units). An outpatient medical oncology treatment center, a gynecologic oncology infusion center, and a cancer care clinic that is open 24 hours per day, seven days per week, also serve the population. Nurses from these inpatient and outpatient...
areas are encouraged to attend the Oncology Nursing Orientation Program (ONOP).

Nurses specializing in one area of oncology care tended to work in silos (i.e., working in isolation from other groups), concentrating on just one specific part of the larger organization, and did not fully appreciate how their department fits into the bigger Siteman Cancer Center picture. Oncology nurse managers conceptualized that providing enhanced oncology orientations would acquaint RNs with other specialized clinical areas where patients routinely receive care during their treatment trajectory. In this way, nurses could familiarize themselves with the many interdepartmental roles and challenges that affect patients. Another tangential benefit of this concept is the development of awareness of the numerous opportunities for professional growth resulting in increased nurse satisfaction and retention. Cooper (2009) reported that the process of professional development has value, is complicated, and is significant for nurses and the healthcare institution. In addition, providing opportunities for the professional growth of nurses positively affects retention and satisfaction, which ultimately improves the quality of patient care. Cooper (2009) encouraged the significance of creating a milieu to support this type of institutional culture that, in turn, is self-motivating and valued by nursing staff.

Ensuring that clinical inpatient and outpatient nurses fully understand the intricacies of the patients’ needs requires a multidisciplinary nursing team approach to bridge the gaps between these complex multifaceted practice environments. The authors share insights, experiences, and lessons learned along the way with practical information regarding the development, implementation, and maintenance of an ONOP at an NCI-designated comprehensive cancer center.

### Curriculum Development and Pilot Implementation

A planning team was formed to discuss the need for an ONOP that included information on oncology services provided by the inpatient and outpatient nursing units and other key departments, such as pheresis and a cryopreservation laboratory. Both novice and seasoned oncology nurses were identified as candidates for the ONOP. The orientation would offer attendees the chance to step out of their silos and into the shoes of their colleagues to get a grasp of what occurs in other areas along the cancer continuum. A proposal for ONOP was developed by...
the outpatient bone marrow transplantation nurse manager and accepted by the executive director of Siteman Cancer Center. Program goals were to provide opportunities for nurses to become better prepared to provide service excellence through a big picture understanding of Siteman Cancer Center and to develop an awareness of the variety of oncology nursing roles and opportunities for professional growth as oncology nurses. A goal was to specifically link the mission, vision, and values of Siteman Cancer Center to each oncology area or unit. Using a team approach, objectives, outlines, and a mock schedule were developed by leaders from each department (see Figure 1).

In November 2004, a pilot orientation program began with seasoned nurses attending from the outpatient pheresis and infusion areas, and novice nurses from the leukemia and lymphoma and bone marrow transplantation inpatient units who were not aware of the multiple services offered to patients with cancer within their parent institution or the levels of expertise of their colleagues. Evaluations by attendees in the pilot program were very positive, as were evaluations by nurse managers. Consequently, a decision was made to continue the program. Although ONOP is not mandatory, attendance is highly encouraged as a tool to help oncology nurses gain a global perspective of the entire cancer center experience from the patient’s point of view.

Successful Implementation of the Orientation Program

The scheduling process: Orientation sessions are scheduled monthly to accommodate new hires and bimonthly during the months that local nursing school graduations occur. The schedule is posted via e-mail to all nurse managers on the inpatient and outpatient units, as well as in the monthly institutional newsletter. Managers select staff to attend, but nurses can request to be included. In fact, word-of-mouth advertising from prior attendees has been a valuable recruitment tool.

Typical orientation: The ONOP curriculum is a full-day session and is limited to five attendees to provide a focused personalized learning experience. At the beginning of each session, during breakfast, photographs of participants are taken and a photo album of past participants is shared. In this way, attendees can identify with other practicing nurses on their units and feel more welcome as newcomers. Pictures are categorized according to nursing units and next to the nurse’s name is the nursing school he or she attended and graduation date, which seems to promote a spirit of camaraderie and emphasizes a connection among alumni of various alma maters.

The morning begins with a didactic overview of Siteman Cancer Center’s mission and vision, which are used as a framework for oncology nursing practice and education. Key leaders from the oncology services team provide information about the values, historic development, quality services, patient education, research and clinical trials, transplantation services, and future direction of the center. A session provided by the oncology chaplain was added to recognize the grieving process experienced by both patients and nurses. Each of these speakers outlines the patient’s journey through their particular area and the role of the nurse within that area. Leaders from these areas relate to oncology nurses about how their department fits into the bigger cancer center picture.

Recognition and acknowledgment are given to those Siteman Cancer Center nurses who have solidified their commitment to oncology nursing practice by attaining the oncology certified nurse (OCN®) credential, the national certification from the Oncology Nursing Certification Corporation. This public recognition conveys administrative support for oncology staff to provide excellent patient care. Also, all oncology RNs who have participated in scholarly endeavors through publication in a professional journal or presentation at an Oncology Nursing Society conference or other national oncology-related conferences are acknowledged. Attendees particularly like to see the OCN®-certified nurses in their own area, as well as those who have participated in scholarly endeavors. Anecdotally, attendees have commented that this has provided them incentive to work toward their own certification and participation in writing or presentation projects. A cumulative listing of these acknowledgments is updated monthly and provided via e-mail to oncology staff and is posted in each oncology clinical area.

After a light lunch, attendees take a narrated walking tour of the cancer center to experience a variety of outpatient care environments that include the radiation oncology department, an infusion center, the pheresis and cryopreservation departments, and the health and cancer information center (see Table 1). Participants have an opportunity to ask questions and learn about the direct patient care and nurse-patient interactions in each of these areas. The day concludes with a shadowing experience in the outpatient treatment center, where attendees are paired with an outpatient medical oncologist-nurse team. This shadowing experience can be tailored to meet the individual needs and interests of participants. Prior to the orientation, each attendee receives the name of the physician heading the team they will be shadowing. In this environment, attendees are able to appreciate the full experience of the patient in an outpatient setting and can freely ask questions of the team they are shadowing. Attendees ultimately gain perspective on the flow.

Table 1. Didactic Versus Narrated Walking Tour

<table>
<thead>
<tr>
<th>Curriculum Topic</th>
<th>Didactic Classroom Setting</th>
<th>Tour With Speaker</th>
<th>Clinical Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient education</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mission and vision</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation oncology</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical oncology treatment center</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pheresis</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryopreservation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer information center</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research and clinical trials</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stem cell transplantation and leukemia</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual caring and healing</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient nurses in clinical practice</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
of patients and communication among oncologists, nurses, and patients during this shadowing experience.

**Evaluation:** A written evaluation tool based on the authors’ goals was developed to determine whether the program objectives had been met and if the oncology orientation was viewed as a means to improve RNs’ knowledge of the size and complexity of the cancer center. The tool uses a three-point scale (fully, partially, or not at all) to measure attainment of objectives. Of the participants who completed the ONOP, 118 (62%) completed the evaluation. Of the responses received, 100 (85%) indicated objectives were fully met, 14 (12%) indicated that objectives were partially met, 2 (1.5%) indicated that objectives were not met, and 2 (1.5%) did not answer. Overall, participants’ responses to the orientation experience were very positive.

In addition to the written comments, respondents consistently verbalized their increased understanding of the variety of oncology nursing opportunities available. One nurse wrote on a final evaluation, “The orientation helps you realize the piece of the puzzle you provide in the patient’s cancer journey,” whereas others concluded, “This part of the program was helpful to see some of the processes the patient has to go through, especially touring the areas where they spend a lot of time,” and “Now I know why they don’t answer the phone right away in the infusion area.”

“Shifting an RN’s thinking from his or her silo to become part of the larger organization of Siteman Cancer Center was successfully achieved. As noted in an evaluation comment: ‘The program helped develop nurses’ awareness about Siteman Cancer Center and promotes goodwill among departments.’” Another comment echoes this sentiment: “It was very helpful to take off our blinders and see the bigger picture that is Siteman Cancer Center.”

Completed evaluations are tallied and summarized after each session, and a summary report is shared with members of the planning team and presenters. Overall, evaluations have been extremely favorable with attendees appreciating the ONOP and encouraging its continuance. Revisions have been made over the years based on attendees’ suggestions. The orientation has been very successful, with approximately 200 attendees since 2004, and has not only allowed oncology nurses at the authors’ cancer center to feel like a part of the larger organization but, most importantly, attendees also report feeling better prepared to assist the patient and family in navigating across the cancer care continuum.

**Summary and Goals for the Future**

The authors’ experience has been that participants value the personal face-to-face recognition given to them by nurse leaders and the awareness of professional opportunities offered by Siteman Cancer Center. Being able to meet and talk with the cancer center nursing leadership is an exceptional opportunity for experienced nurses who have extensive nononcologic work histories, as well as the novice nurse yet to take the state board examination. In either case, as affirmed by Dyess and Sherman (2009), this formal link to upper level nursing leadership promotes professional dialogue. The evolution of the ONOP has been a positive development for the cancer center. In addition to other daily responsibilities, the team members continue to coordinate and implement the orientation. Participation in the initial pilot period was strong because of a backlog of nurses wishing to participate. Since its inception, however, attendance has leveled off, with an average of 32 participants per year. Goals for the future are to analyze data to determine whether attendees remain in oncology after two years. In addition, the authors plan to increase participation by extending the nonclinical portion of the program to non-nursing personnel.

**Discussion and Suggestions**

Staffing coverage for RNs while attending the ONOP involves planning by the unit involved and accommodations made for nonproductive hours worked. Logistical challenges for program planners include arranging for speakers to arrive at their prearranged time slot and arranging for substitute speakers in the event of absences. Speakers are encouraged to arrange for a substitute speaker to fill their slot when they are unable to participate. Attendees circulate from area to area, and appropriate care must be taken to ensure that flow from one area to another is seamless and timely. Minimal costs, including catering, printed materials, Siteman Cancer Center lapel pins and badge holders, and other miscellaneous items are absorbed by budgeted nursing education funding, thus allowing the program to be provided cost free to participants.

The ONOP not only accomplishes the goals of acquainting oncology nurses with policies, procedures, purposes, philosophies, and expectations related to their role, but also evolves to match the changes within the healthcare environment. The ONOP also has evolved to include specific practice specialties within oncology and has sought to educate nurses on the complexity and diversity of Siteman Cancer Center. Many nurses feel that, after attending the program, they are more fully equipped to assist patients on their cancer journey because they are fully aware and educated about the number and scope of the areas in which their patients may be involved.

The authors gratefully acknowledge Shirley A. Johnson, MS, MBA, RN, the former executive director of Siteman Cancer Center, for her vision and direction in the development and successful implementation of this beneficial endeavor.

Nancy Kuhrik, PhD, RN, is a coordinator of patient education, Linda Laub, MSN, RN, is a program manager in outpatient bone marrow transplantation, Marilee Kuhrik, PhD, RN, is a coordinator of patient education, and Kathy Atwater, AA, is an administrative coordinator, all in Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, MO. No financial relationships to disclose. Nancy Kuhrik can be reached at nsk5694@bjc.org, with copy to editor at ONFEditor@ons.org.

Digital Object Identifier: 10.1188/11.ONF.115-118

**References**


