

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

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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-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 fluently 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