Emergency Nurse Onboarding

Description

Emergency nursing is a specialty of nursing practice that is both autonomous and collaborative. The emergency nursing onboarding process, tailored for the new graduate or transition to practicing nurse, introduces the specialty's professional standards (ENA, 2022). Assessment and intervention based on a presenting chief complaint and the patient's acuity level is a specialized approach unique to emergency nursing. Emergency nurses work in stressful, fast-paced, and time-constrained environments where they integrate evidence-based knowledge, make rapid assessments and critical decisions, and perform life-saving interventions all while prioritizing and multitasking (Lee et al., 2021). Emergency nurses possess a unique skill set that goes beyond the requirements of standard nursing licensure. Their expertise is tailored to their work environment and the diverse patients they care for. It is critical that the emergency nurse is competent to provide emergent, urgent, and non-urgent care to patients across the health and age continuum. This requires a fluid and gradual process of knowledge acquisition, skills refinement, and risk recognition through a structured onboarding program with continuing education (ENA, 2022).

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. As the professional organization for the specialty of emergency nursing, ENA defines the scope and standards of the emergency nurse's role.

2. Successful emergency nurse onboarding is a comprehensive, individualized, evidence-driven, competency-based approach which incorporates adult learning principles, active teaching and learning activities, and socialization strategies.

3. A successful emergency nurse onboarding or residency program involves the emergency department team including but not limited to leadership, managers, nurse educators, preceptors, mentors, peers, ancillary services and providers.

4. A competent and effective preceptor is critical to the success of the onboarding process.

5. Successful completion of an emergency nurse onboarding is based on each participant's ability to demonstrate competence by applying knowledge using critical thinking skills and risk recognition, while demonstrating proficient technical skills to provide safe, quality care.

6. Emergency nurses support research to investigate the effectiveness of nurse onboarding programs versus a specialty-specific residency program.

Background

Implementing a thorough onboarding program with a standardized framework can help ensure the success of the onboarding process (Wilburn, Jones & Hamilton, 2018; Patra & De Jesus, 2021). A structured and standardized framework for the delivery of content and evaluation of the orientee provides support for the preceptor and assures the comprehensive educational needs of the orientee through the building of knowledge and skills (Wilburn, Jones & Hamilton, 2018; Brown et al., 2020; Hardacker et al., 2022). The

use of a standardized tool for evaluation of the orientee provides an objective view of the onboarding and identifies gaps and failure to progress (Wilburn, Jones & Hamilton 2018; Brown et al., 2020; Hardacker et al., 2022). Specific exercises and discussion questions foster the development of critical thinking and clinical reasoning during the transition into emergency practice (Senyk & Staffileno, 2017; Innes & Calleja, 2018; Boyer et al., 2018; Joswiak, 2018; Wilburn, Jones & Hamilton, 2018). Current research suggests having a structured framework of onboarding and training will potentially reduce or eliminate sentinel events (Patra & De Jesus, 2021). According to the Joint Commission (2021), the lack of appropriate staff onboarding, education, or competency assessment has led to medication errors such as drug overdoses, medication dosing errors, transfusion errors and systemically has contributed to inadequate assessment and increased suicides of our mental health patients. In addition, the lack of appropriate education has been associated with nurses feeling incompetent and subsequently having a low sense of personal accomplishment increasing their desire to leave (Bridgeman et al. 2018).

The World Health Organization (WHO, 2019 b Chapter 24-page 42 defines burnout as “feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.” Burnout is classified as an occupational phenomenon not a medical diagnosis according to the WHO’s the 11th Revision International Classification of Diseases (ICD-11), which) (WHO, 2019a). It is imperative to consider the importance of effective onboarding to ensure safe learning, personal accomplishment, and effective coping strategies to decrease the potential of burnout (Lee et al., 2021; Winters, 2019; Cook et al., 2021; Powers et al., 2019).

The debriefing and discussion process provide the preceptor the opportunity to evaluate the thought processes behind the actions of the orientee and allows the orientee the opportunity to reflect. Clearly designated questions designed to facilitate reflective practice and evaluated with a rubric enable the preceptor to document progress of the orientee’s ability to assess risks in patient scenarios. Critical thinking skills and risk recognition require the ability to assess the patient, identify the highest priority or biggest risk to the patient, and strategize stabilization interventions (Bashford et al., 2012; Boyer et al., 2018).

The complexity of knowledge and skill needed to be a competent emergency nurse requires a variety of teaching and learning methods which may include:

- Self-paced learning modules with follow-up discussions
- Simulation with debriefing
- Traditional classroom lectures and group discussions
- Case scenarios
- Electronic learning
- Hands-on patient care with a competent and effective preceptor
- Hands-on competency skill training and evaluation using a validated tool

- Collaborative relationships with interprofessional members of the emergency care team
- Consistent application of teamwork principles
- Mentorship
- Scaffolding patient experiences

Firsthand experiences support and provide context for the didactic classroom lessons (Powers et al., 2019). Integral to onboarding is the ability of the learner to actively participate in, question, and critique the process. Incorporation of social integration and support into onboarding programs assists in facilitating the transition from orientee to emergency team member (ENA 2022).

The preceptor functions as a failsafe for the emergency nurse orientee and the patient while modeling the desired characteristics and behaviors of the competent emergency nurse. The preceptor assignment with a 1:1 ratio, will enable adequate individual instruction of the orientee while providing learning opportunities for the orientee (Powers et al., 2019). Traditionally, the preceptee would follow a preceptor nurse with their full assignment load, however, by taking the preceptor off the daily staffing numbers to focus and instruct the resident it will allow for a greater experience. The preceptor role specifically can positively impact the one - year retention rates of the novice emergency nurse (Goss, 2015).

Preceptor confidence and competence is increased through specialized education in adult learning theories, feedback and evaluation communication, and conflict resolution (Powers et al, 2019; Olmstead et al., 2013). It is vital for the success of the orientee that the preceptor be competent and effective in their role and ideally, participate in a specialty-specific preceptor education targeting the challenges encountered in the ED environment (Wu et al., 2018). Having this specialty-specific training and education, empowers the preceptor with the tools and resources needed to approach the challenges often experienced such as communication, providing constructive feedback, escalating concerns, and addressing difficulty conversations.

The broad spectrum and depth of information required to work in the emergency care setting can be overwhelming for the new and transitioning emergency nurse. To facilitate this transition, the onboarding program is individualized to the nurse rather than a designated time-period, with a focus on demonstrating the acquisition of the required knowledge and skill set to provide quality and safe care in the emergency care setting (Boyer et al., 2018). Current literature suggests that residency programs taught over 18 weeks with didactic instruction, clinical immersion, case studies, and structured mentoring or coaching enhance nurse competencies compared to the competencies of nurses with 17 months of work experience (Zaleski, 2019; Nursing Solutions Inc., 2021; Gorman, 2019).

As the new nurse gains experience, competence, and readiness, additional specialty onboarding is required before performing sub-specialty roles such as triage and charge nurse. Because of the staffing shortage and resource limitations, some hospitals have decided to prepare emergency nurses earlier for roles like triage, trauma, and charge. Further information on the qualifications and competency for the triage nurse role can be obtained from the Triage Qualifications and Competency Position Statement (Stone & Wolfe, 2017). As emergency nursing's professional association, ENA, defines the specific scope of the specialty of emergency nursing (ENA, 2022).

The framework for emergency nurse onboarding content is derived in part from the Emergency Nursing, Scope, and Standards of Practice, (ENA, 2022), the ENA's Emergency Nurse Residency ProgramTM (ENA, 2023), and the Emergency Nursing Core Curriculum Any of the above-mentioned onboarding programs and resources can help build a strong educational foundation for the emergency nurse or enhance a standardized program.

Providing emergency nurses, particularly new graduates and those transitioning to emergency nursing practice, with coping strategies may reduce the emotional exhaustion experienced by many and can improve the personal sense of accomplishment, ultimately reducing burnout and improving staff retention (Winters, 2019; Cook et al., 2021; Powers et al, 2019). Participating in a structured, specialty-specific, ED onboarding program is the starting point for professional growth (Wu et al, 2018; Powers et al, 2019).. Continuous and ongoing professional development is essential to increasing a sense of personal accomplishment and subsequently decreasing burnout (Lee et al., 2021). Obtaining a specialty-specific residency program or developing one tailored for the new graduate or transition to practice nurses is an important investment (Silvestre et al., 2017). The return on investment due to increased retention rates and improved quality of patient care provides benefits, including a financial benefit for patients, nurses, and the entire organization.

Resources

Emergency Nurses Association. (2023). Emergency Nurse Residency Program™. Retrieved from https://www.ena.org/enau/residency-program

Emergency Nurses Association. (2022). Emergency nursing: Scope and standards of practice (3rd ed.). Des Plaines, IL: Author.

Hammond, B. B. & Zimmerman, P. G. (Eds.). (2023). Sheehy's manual of emergency care (8th ed.). St. Louis, MO: Elsevier Mosby.

Sweet, V. (Ed.). (2018). Emergency nursing core curriculum (7th ed.). St. Louis, MO: Elsevier

References

1. Emergency Nurses Association. (2022). Emergency nursing: Scope and standards of practice (3rd ed.). Des Plaines, IL: Author.

2. Wilburn, S., Jones, S., & Hamilton,B. K. (2018). Implementation of a standardized evaluation tool to improve preceptor confidence. Journal for Nurses in Professional Development,34(3), 151–157. https://doi.org/10.1097/NND.0000000000000451

3. Joswiak, M. E. (2018). Transforming onboarding through a tiered skills acquisition model. Journal for Nurses in Professional Development,34(3), 118–122. https://doi.org/10.1097/NND.0000000000000439

4. Boyer, S. A., Mann-Salinas, E. A. & Valdez-Delgado, K. K. (2018). Clinical transition framework. Journal for Nurses in Professional Development,34(2), 84–91. https://doi.org/10.1097/NND.0000000000000435

5. Innes, T., & Calleja, P. (2018). Transition support for new graduates and novice nurses in critical care settings: An integrative review. Nurse Education in Practice, 30, 62–72. https://doi.org/10.1016/j.nepr.2018.03.001

6. Senyk, J., & Staffileno,B. A. (2017). Reframing nursing preceptor development. Journal for Nurses in Professional Development, 33(3), 131–137. https://doi.org/10.1097/NND.0000000000000343

7. Powell, K. & Daniels, J. (2018). Chapter 42: Education: Professional, Patient and Community. In V. Sweet (Ed.), *Emergency Nursing Core Curriculum* (7 ed.). St. Louis, MO: Elsevier.Sweet, V. (Ed.). (2018). Emergency nursing core curriculum (7th ed.). St. Louis, MO: Elsevier.

8. Stone, E. & Wolf, L. (2017). Triage qualifications and competency [ENA Position Statement]. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/positionstatements/triagequalificationscompetency.pdf?sfvrsn=a0bbc268_8

9. Patra, K. P., & De Jesus, O. (2021). *Sentinel Event.* StatPearls Publishing. https://www-ncbi-nlm-nih-gov.ahs.idm.oclc.org/books/NBK564388/ Accessed May 9, 2023

10. Lee, M., Gensimore, M., Maduro, R., Morgan, M., Zimbro, K. (2021). The Impact of Burnout on Emergency Nurses' Intent to Leave: A Cross-Sectional Survey. *Journal of Emergency Nursing.* 47(6), 892-901. https://doi.org/10.1016/j.jen.2021.07.004

11. Bridgeman, P., Bridgeman, M., Barone, J. (2018). Burnout syndrome among healthcare professionals. *American Journal of Health-System Pharmacy.* 75(3), 147-152. https://doi.org/10.2146/ajhp170460

12. Zaleski, ME. (2019). Emergency nurse orientation. Journal of Emergency Nursing. 45(5), 551-555. https://doi.org/10.1016/j.jen.2019.07.008

13. Nursing Solutions, Inc. NSI National Health Care Retention and RN Staffing Report. Published 2020. Accessed April 3, 2023. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

14. Gorman, VL (2018). Future emergency nursing workforce: what the evidence is telling us. Journal of Emergency Nursing. 45(2), 132-136. https://doi.org/10.1016/j.jen.2018.09.009

15. Winters, N. (2019). The relationship between personality characteristics, tenure, and intent to leave among emergency nurses. Journal of Emergency Nurses. 45(3), 265-272. Accessed April 2, 2023. https://doi.org/10.1016/j.jen.2018.08.005

16. Cook, A., Sigler, C., Allen, L., Peters, J., Guthrie, C., Marroquin, M., Ndetan, H., Singh, K., Murry, J., Norwood, S., Philley, J. (2021). Burnout and anxiety among trauma nursing specialties in a rural level I trauma center. Journal of Trauma Nursing. 28(1), 26-36. Accessed April 2, 2023. https://doi.org/10.1097/JTN.0000000000000554

17. Silvestre, J., Ulrich, B., Johnson, T., Spector, N., Blegen, M. (2017). A multisite study on a new graduate registered nurse transition to practice program: return on investment. Nursing Economics. 35(3), 110-118. Accessed April 3, 2023. https://www.ncsbn.org/out.pdf

18. Powers, K., Herron, K., Pagel, J. (2019). Nurse Preceptor Role in New Graduate Nurses' Transition to Practice. Dimensions of Critical Care Nursing. 38(3), 131-136, https://doi:10.1097/DCC.0000000000000354
19. Wu, X., Chan, Y., Tan, K., Wang, W. (2018). A Systematic review of online learning programs for nurse preceptors. Nurse Education Today. 60, 11-22. https://doi.org/10.1016/j.nedt.2017.09.010
20. Cline, D., La Frentz, K., Fellman, B., Summers, B., Brassil, K. (2017). Longitudinal Outcomes of an Institutionally Developed Nurse Residency Program. The Journal of Nursing Administration. 47(7/8), 384-390, 7/8. https://doi:10.1097/NNA.0000000000000500
21. Hardacker, S., Perkel, M., MSN, King, K., Hutchins, L. (2022). Elevating the Preceptor Role: Implementation of a New Model for Orientation. Journal for Nurses in Professional Development. 38(3), 165-168. https://doi:10.1097/NND.0000000000000835
22. Brown K., Walker M. A. (2020). A critical analysis of the use of preceptorship as a clinical teaching methodology. International Journal of Innovative Science and Research Technology. 5(5), 1484–1488. ISSN No: -2456-2165
23. World Health Organization (WHO) (2019a) Burn-out an "occupational phenomenon": International Classification of Diseases. Retrieved April 30, 2023 from https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases
24. World Health Organization (WHO, 2019b). International Classification of Diseases - Mortality and Morbidity Statistics. CHAPTER 24 Factors influencing health status or contact with health services. Retrieved April 30, 2023 from https://www.certifico.com/component/attachments/download/13559
25. The Joint Commission. (2021). Sentinel event data summary. Retrieved September 2022 from https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/annual-se-report-2021.pdf. Accessed May 10, 2023

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