

ORIENTATION

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Introduction

The Oxford Dictionary defines the verb *orientate* as *bring into clearly understood relations, or determine how one stands*. On asking others what orientation meant to them, there were several replies:

I think it means to know where you are — left from right, East from West.

Finding your whereabouts in a new situation.

Something for new people.

To settle you in the job.

To the writer orientation means the first thing to be done for a new employee. Holmes and Rabe's research found that a new job gave a score of 36 in a rating scale of stress ranging from 100 to 11.

The new employee

Orient is derived from the Latin word *oriens*, meaning East. It is interesting to know that the East window in a church is placed so that the rising sun will shine on the altar. Either way, orientation means starting early, rising sun, new employee, (probably scrubbed and dressed in her best uniform with highly polished shoes and badges).

I don't know about you, but every time I have started a new job there was feverish activity in the house the night before, best uniform got ready, badges on epaulettes polished, shoes polished, hair set, alarm clock set and more.

Why does one do this? — Because we want to make a good impression on our new boss; we want to present a nice clean, groomed appearance for we all know that first impressions are lasting ones.

Do you remember when you were a student nurse? Certainly in the hospital where I trained, the

OPSOMMING

Oriëntasie van 'n nuwe werknemer is noodsaaklik om angs te verlig en om hom/haar van die inligting wat nodig is vir bevredigende werksverrigting te voorsien. Oriëntasieprogramme moet aangepas word by die spesifieke behoeftes van elke nuwe werknemer.

Daar kan onderskei word tussen makro- en mikro-oriëntasie. Eersgenoemde behels inligting oor die hospitaal as geheel en behoort deur die streeksmatrone behartig te word.

Mikro-oriëntasie vind in die saaleenheid plaas en is die suster-in-bevel se verantwoordelikheid. Die skrywer gee verskeie riglyne vir geslaagde oriëntasie.

change list went up at the end of the month and the cry went out: *the change list is up!*

At the first opportunity we rushed over and, fortunately, the list was always made out using the same format. Your eyes and index finger went straight to the theatre spot — your name wasn't there, escape, you lived another month. This is no exaggeration, as we dreaded going to theatre. I'm not sure why except that we were all frightened of it.

From that point on, we checked the various wards where the known battle-axes reigned supreme. Now

that I am, in all probability, a good deal older than those same Sisters were at the time, I feel a tinge of bathos. Now one tends to see that type of sister as the efficient ward sisters!

Looking back they were the sisters who took no nonsense, disciplined you, took time to teach you — and to orientate you to their ward. It did not take long to know what she wanted and what she did not want you to do. Admittedly, that sort of orientation is not as acceptable as it should be, but it was better than none.



“... AND WE'RE VERY PROUD OF OUR NEW OPERATING THEATRE!”

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Memories of a first day can bring a flood of emotions, fear, excitement, embarrassment and humility. It depends on how the supervisor had tailored the orientation programme in her ward to meet all the levels of the variety of new staff.

The orientation process

Orientation should be seen as having two aspects. The first is from a broader view and incorporates various *person* diversities. Is the new person a registered nurse moving from one ward to another, or is she coming from another hospital, or is she returning to nursing, having not nursed, for many years, or is she perhaps, a brand new registered nurse having just qualified?

You will see immediately that each of these examples would require a different orientation programme to make it effective.

The second aspect to look at is the *areas* of orientation. These will be, firstly, the hospital as a whole (macro-orientation) and secondly, the ward/department (micro-orientation).

Orientation programmes should be practical and meet the real needs. What does a new employee expect from orientation?

- A review of duties — what is expected?
- Introduction to fellow workers.
- View of the ward/areas of hospital facilities.
- Explain hours, pay arrangements, overtime, and so on.
- How the job fits.
- Cordial greetings.
- Discussion of reports.

In order to protect yourself and your new employees from the negative effects of poor orientation, here are four reasonable assumptions to use as guides:

- Most individuals take the job because they believe it is important.
- Most individuals want to do a good job.
- Most people like to work for a ward sister who sets high standards.

- Most employees like to be challenged. A competitive spirit will result in increased productivity and increase personal capabilities.

An orientation programme should reduce anxiety and provide the information required for reasonable performance. Most important, it should develop an atmosphere for effective communication so that new employees feel that are free to ask questions. One nurse did not go to the toilet all day because she felt too shy and didn't have the courage to ask where it was! Her first day, needless to say, was not a happy one.

The problem of induction or orientation is one common to all wards. Its most crucial period is the first day — it can be good or bad.

For you, the person in charge, it is a unique opportunity to make a good impression. It begins with one distinct advantage which is that a person starting a new job has a reserve of goodwill towards his new employer. If you don't organise a good orientation programme, this may easily be tapped dry.

Confusion and enthusiasm are the two dominant emotions during one's first day at work. The ward sister can diminish the former and foster the latter. We all know what chaos there is on change-over day, and how everybody hates the first of the month. This is the time when the highest number of mistakes occur, in fact, it is a loaded day — one way and the other.

There cannot be a fixed orientation programme, standardised and dished out for you to implement. You may be given guides, but they must be tailored to meet your needs.

Macro-orientation

The term macro (long, large, the great world) is a good description for that part of orientation which the regional matron should carry out. Who better than this matron to introduce the sister to the ward sister to whom she will be assigned, and then to take her on a fact-finding introductory tour of the hospital.

The regional matron should, prior to the tour, read the applicant's application for appointment/transfer, in order to gain some background knowledge of the new employee. Is she married or single, does she have children or other dependants, has she found a house or flat, how old is she, what experience and qualifications does she have? By taking time to gain knowledge of the new person she may be able to help her with problems that arise when one moves to a new town.

Macro-orientation will include visits to: the medical superintendent, the Matron's Secretary, the staff office, and facilities that may be required at the commencement of the job — such as uniforms, parking, identification ticket.

The hospital as a whole is shown to the new employee which may include: library, college, theatre, X-Ray Department, tuck shop, different wards, OPD, dental department, laundry, pharmacy, blood transfusion, nurses' home, hairdresser, clinical department, sick bay. (You make a list of what your hospital has!)

It has been shown in a hundred studies over the last 20 years that what workers want most is to **become masters** of their environment and to feel that they themselves are important — the twin ingredients for a high self-esteem. New employees thrust into an alien environment are rarely receptive to anything more than the simplest concepts. Emphasise *WHY* the job is done rather than *HOW*. Establish a good emotional relationship first and teach the technical skills later.

Micro-orientation

Micro orientation (small) takes place in the actual limited area of the ward/department. The sister-in-charge will take over from the regional matron.

Do not delegate the job of welcoming a new employee (senior staff should greet the new employee). *Hello, welcome aboard, or Show sister the ropes and find some job for her to do* is **out**. This shows you are harried and she is a nuisance. The newcomer is looking for guidance and reassurance.

Few people can remember the names of everyone they are introduced to and it is important for an orientation programme that the staff wear their name badges. This helps in the mental orientation.

Elementary information such as the location of lavatories, change rooms, fire escape, tea room and instruction on how to use telephones, are essential to help the new recruit to orientate herself physically. Another help is to assign the new person to a fellow worker (be sure to choose a suitable one). Here it has been shown that it is not the oldest sister or a sister who has been in the department for a long time that is the best. Persons of the same age group of the employee or newer staff are found to be more flexible.

In orientation programmes it has been found to be beneficial if the new person is given a small task on the first day. There should be a high probability that it can be handled successfully to get her off to a confident start.

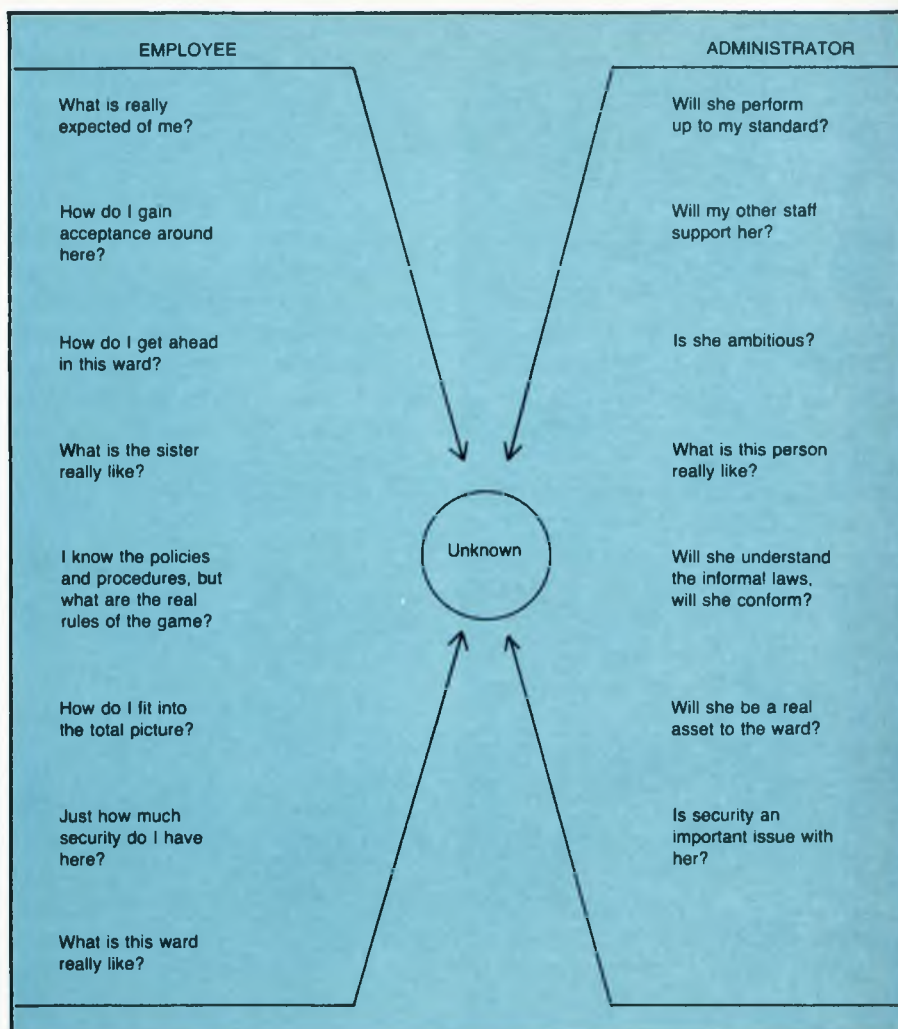
One cannot specify that the orientation programme must be one day, one week, one month or even, as read in an American Journal, six months. It must be tailored according to your work load, staff available, type of nursing the person has a preference for and so on. The new sister must be assessed and be put in charge when ready to cope alone. This may be after one month or three months, or never.

When she is first placed in charge arrange that there are good back-up staff.

This last point holds happy memories for me, and I would like to share them. As a newly qualified sister, I found myself in the operating theatre in a non-White hospital. After two weeks, my turn came to be on call to cope with the emergencies after 17h00.

Imagine my chagrin on being called out of the local cinema to scrub for a patient with a compound fractured femur. Never will I forget the orderly Ambrose. The trolley was set, with all the correct instruments in the correct order for me, and Ambrose stood by with the cheatles and *Pass that one next, get the needles ready, etc.*

Figure 1: Questions in the new employee/employer relationship



Conclusion

Remember that a good orientation programme is more than getting to know you, it's finding reasons to stay. Orientation to the ward is a must because each employee inevitably learns about his employer — sometimes rightly, sometimes wrongly, sometimes slowly, sometimes at great expense to himself and his management.

A planned programme helps to make learning pleasant, quick and accurate. It highlights those activities and services which are likely to win sister's/nurse's goodwill, confidence and co-operation. Orientation can, and should be, seen as a necessary extension of the selection process.

The elements of a good orientation programme can be put into a nutshell by asking three questions:—

- What should they be told?
 - Job factors
 - personal factors

—group integration factors.

- Who should tell them?
 - The regional matron
 - the immediate boss (ward sister).
- When should they be told?
 - Pre-employment
 - day one of employment
 - during the first fortnight
 - by the end of week six.

An effective orientation programme starts the employer-employee relationship off on a positive note and facilitates learning by reducing the personal anxiety commonly caused by a new or changed work setting. Remember that V.I.P. stands for Very Important Person (new employee) in a Very Important Programme.

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