

**ORIENTATION AND PRECEPTORING IN
MĀORI MENTAL HEALTH
TRM/03/06**

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TE RAU MATATINI
AOTEAROA MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

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1. Introduction

When staff members commence in a new work environment, there are obstacles that they must overcome, new information they must learn, new colleagues and clients (tangata whaiora) to meet and new structures and processes with which they need to become familiar. The ultimate goal is to learn how to function in this environment in order to carry out the job role competently. A new staff member must be able use the resources available, be they experiential, material, social or psychological.

The following paper reviews the literature pertaining to orientation (also known as induction) and preceptoring and reflects on its relativity to the Māori mental health sector. The review identifies: the benefits of a comprehensive orientation programme for new staff; highlights key design considerations; and encompasses feedback from the Māori mental health workforce on their orientation experiences, based on quantitative and qualitative responses to the training needs analysis conducted by Te Rau Matatini in 2002¹. It is a preliminary report, based on existing literature. A subsequent report will be released in 2004 detailing an orientation package developed by Te Rau Matatini, with strong guidance and input from the Māori mental health non-government organisation (NGO) sector.

The main purpose of an orientation programme is “to make the new employee feel welcome, it passes on essential information such as rules and safety procedures and teaches [the new employee] what is expected of them” (Garside, 1996). In this way, new staff members are encouraged to become a part of the new environment and, to add to the resources they already possess.

While many organisations agree on the necessity of providing an orientation programme, the composition of programmes varies greatly. What an orientation covers and the way in which the programme is conducted is shaped by the nature of the workplace. In other words, as each workplace is unique, orientation programmes should acknowledge the differences between the organisation and other workplaces, and be designed to transfer information on these differences to the new staff member. This will be particularly so within the Māori mental health sector given the range of work environments and the unique work-related aspects

¹ More information about the training needs analysis can be found in the Workforce Profile (Hirini & Durie, 2003) which is available on line at www.matatini.co.nz

attached to each service type such as District Health Board (DHB) inpatient services, Kaupapa Māori mental health services, community and NGO service providers. However, while organisation-specific components are essential, there are also a number of common issues, dilemmas and generic design components that need to be considered.

1.1 The Benefits of Orientation

Research suggests that orientation programmes that are relaxed and well presented, while at the same time informative and relevant to the needs of new staff and the organisation, are well received. The benefits of a comprehensive orientation programme are two-fold, helping not only the new staff member but also the organisation. Staff who are able to familiarise themselves with their new work environment and role are able to work more effectively in their role. The quicker familiarisation occurs, the more productive and effective new staff can be for the organisation. Within Māori mental health, staff who are able to adjust to the job and providers' requirements quickly will be able to provide continuity of service for colleagues and, ultimately, tangata whaiora (service users) and whānau. Furthermore given the staff shortages that exist in many Māori mental health services, assisting staff to make a rapid adjustment will have tangible and more immediate benefits.

In welcoming a new staff member, a comprehensive orientation programme can create an inclusive introduction to the organisation, co-workers and specific job roles. Furthermore, it can reinforce to staff members that their commencement is not only acknowledged, but also *valued* by the organisation. Indeed, the impression made by employers during the first few days and weeks is a crucial deciding factor as to whether new staff members will stay with the organisation, and if they will succeed (Kleiman, 1999; Hamilton, 2002). For example, Barney (2002) report one-third of all nurse resignations occurred during the first year of employment in an organisation.

Secondly, by providing the support and information required by new staff members and helping them to a successful start, the organisation is also encouraging retention (Kleiman, 1999; Jones, 1996). Research and workforce development literature have consistently reported that the effectiveness of orientation programmes is influenced by how importantly an organisation views the first days, weeks and months and the associated experiences of new staff during the critical adjustment period (Saks & Ashforth, 2000).

Starting a new job can be stressful. Some organisations aggravate the situation by choosing to expose staff to the full range of demands to test their survival capacity in the new environment. Other organisations, concerned with work adjustment, staff turnover and maintaining a competent workforce, choose to utilise a suitable comprehensive orientation programme as a “welcome to the job” retention and support tool. Orientation provides an opportunity for organisations to create a welcoming, work environment that is conducive to a feeling of being supported and therefore valued and research in this area suggests staff who feel supported are more likely to be satisfied in their work (Laschinger, Shamain & Thomson, 2001) and more able to adapt to changing work environments (Armstrong-Strassen et al, 2001).

Acknowledging the retention potential of orientation programmes is important in the Māori mental health sector. The lack of investment in mental health workforce development during the 1970s and 1980s, the lengthy duration of training (National Mental Health Workforce Development Coordinating Committee, 1999), the under-representation of Māori at all levels within the mental health sector (Health Workforce Advisory Committee, 2002) and the exponential growth of Māori health providers over the last decade have led to competition for a relatively small pool of Māori mental health staff in a range of occupational roles. Therefore, although attracting Māori staff is challenging for many mental health providers, retaining them is equally difficult.

While increased remuneration is a frequently suggested strategy for recruitment and retention and is an important consideration, other influential factors include role clarity, the opportunity to contribute and make a difference, collaboration with colleagues, recognition, and future development opportunities (Young, 1999). Orientation provides a pivotal opportunity to clarify a new staff member’s role, reinforce the nature of working in mental health and the wider contribution it might make, the avenues available for team work, collaboration, mentoring and to evaluate how the organisation can assist in their future workforce development. Orientation has been described as “a chance for [an] organisation to establish positive, supportive relationships and to re-establish itself in the minds of new staff as a dynamic, progressive place to work” (Kleiman, 1999, p.5). Therefore, purposefully designing

such a programme will improve employee relations, reduce staff turnover² and increase workforce stability.

Finally, orientation programmes can limit an organisation's liability (IRS Management Review, 2001). Judge Barrie Travis of the New Zealand Employment Court predicts workplace stress to be the next growth area overseas and highlights the growing increase of claims here in New Zealand (Schultz, 2002). The Health and Safety in Employment Act (1992) and amendments made in 2002 aim to ensure that New Zealand workplaces are as healthy and safe as possible. The amendments have clearly defined work-related stress and fatigue as encompassing physical and mental harm. While employers are not responsible for managing *all* stress in employees' lives, employers are responsible for managing work-related stress issues as workplace hazards and therefore have an obligation to implement systems, monitor the work environment and ensure all hazards, including stress, do not cause physical or mental harm (Wilson, 2003). The Occupational Safety and Health publication *Healthy Work: Managing Stress in the Workplace* (2003) highlights particular types of work that may be intrinsically more difficult for employees to cope with than others. These include:

- work that is emotionally repugnant or draining
- work that requires long periods of intense concentration
- work that has high consequences of error, and
- work that is inherently hazardous.

Mental health services as places of work can, at times, can be classified in all of the above categories and therefore providers need to be particularly vigilant and aware of repercussions. One of the first workplace systems to identify a new staff member's support needs and potential vulnerabilities is the orientation process.

Second, orientation is an ideal time to assess the skills and knowledge necessary to work safely within Māori mental health. Knowledge of client safety, how to work effectively with Māori tangata whaiora, confidentiality, recognition of mental illnesses, the Mental Health Act (1992) and the National Mental Health Sector Standards (1997) can be assessed and addressed at that time. Organisations that take the time during orientation to do so are not only investing

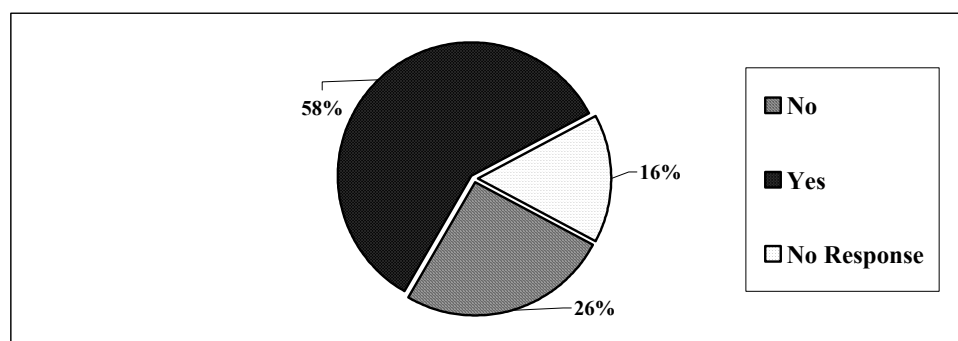
² It has been estimated to cost between one to two times an annual salary when employees leave the organisation (Wines, 2001).

in the quality of service delivery through assessing knowledge of safe practice at the entry point into the organisation but they will also be able to demonstrate and give evidence of existence of monitoring and safe practice-based systems.

Furthermore, the programme can instruct new staff members on organisational and occupational practice guidelines that will engender a safer workplace. This is one of the most essential benefits of a comprehensive orientation programme within the mental health sector. Due to the nature of mental health, working with tangata whaiora and whānau, requires staff to be clearly aware of roles, boundaries and to be equipped with the necessary skills to ensure that tangata whaiora and whānau have access to a culturally and clinically safe services.

2. Orientation Experiences of Māori Mental Health Staff

In relation to Māori mental health services, a training needs analysis undertaken by Te Rau Matatini in 2002 asked quantitative and qualitative questions regarding access to orientation, adequacy of orientation and perceived orientation strengths and weaknesses. 532 Māori responded to the overall survey. Over half (58.8% of respondents) received orientation training when they began work in their current setting while a quarter (25.6%) reported receiving no orientation at all (see graph 1).

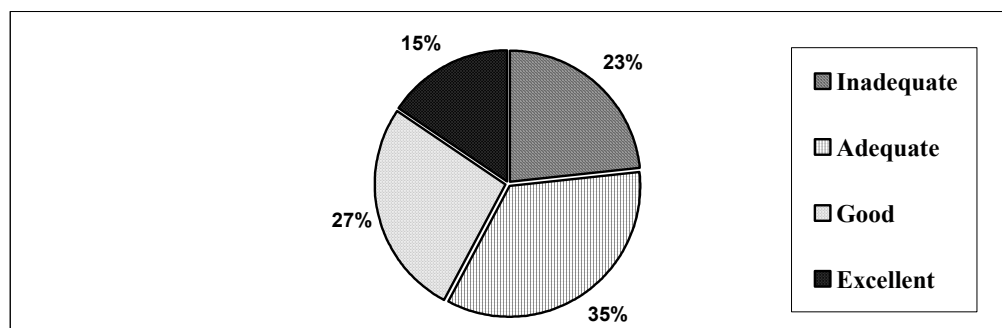


Graph 1. Access to Orientation

Almost one quarter (23%) of those who responded to the question rated their orientation as inadequate or poor (see graph 2)³. Of these 40% worked for NGOs and 51% worked for DHBs (see table 1 for further details) suggesting that inadequate orientation experiences occur

³ The figures differ from the Workforce Profile (Hirini & Durie, 2003). The above graph is based on all responses to the question of adequacy. The profile is based on those who confirmed they had received orientation in the previous question.

across the range of mental health employment settings, as opposed to one particular part of the sector.



Graph 2. Perceived Adequacy of Orientation

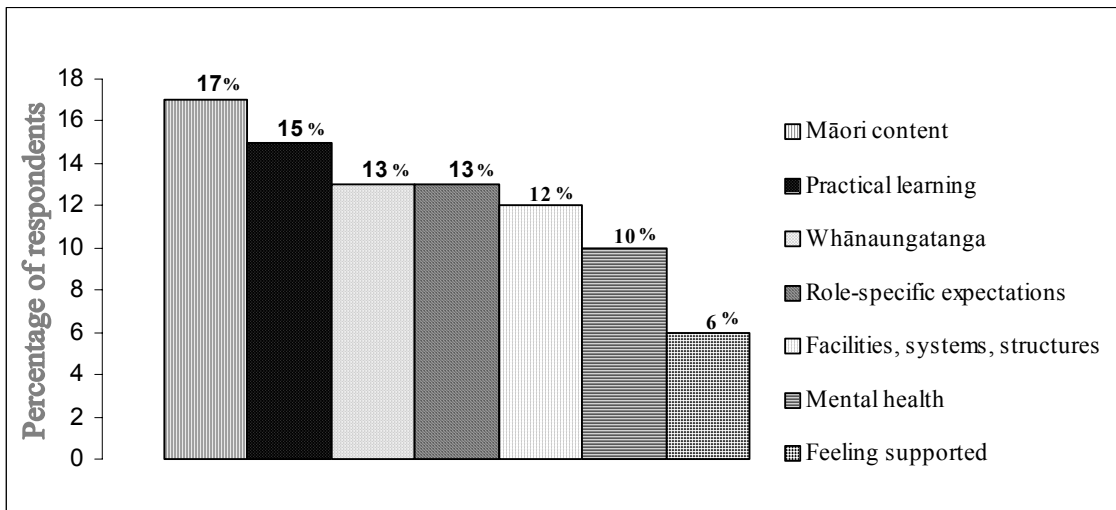
Table 1. Inadequate Orientation

Provider	Frequency	Percent
Iwi Health Service (NGO)	12	15.4%
Māori Health Service (NGO)	15	19.2%
Non-Māori Health Service (NGO)	3	3.8%
Community Drug & Alcohol or Addiction Service (NGO)	1	1.3%
DHB Community Mental Health Team	17	21.8%
DHB Drug & Alcohol or Addiction Service	4	5.1%
DHB Hospital-Based Inpatient Service	6	7.7%
DHB Kaupapa Māori Mental Health Service	13	16.7%
Residential Programme	1	1.3%
Other	3	3.8%
No Response	3	3.8%
Total	78	100.0%

To further examine the reasons behind “excellent” to “inadequate” orientation ratings, the training needs analysis provided an opportunity for feedback on the key strengths and weakness of staff orientation. In relation to orientation strengths, the most common themes emerging from the qualitative data related to the content and design of orientation⁴ including:

⁴ 82% of responses regarding orientation strengths and 96% of responses regarding orientation weaknesses were associated with the content and design of orientation programmes.

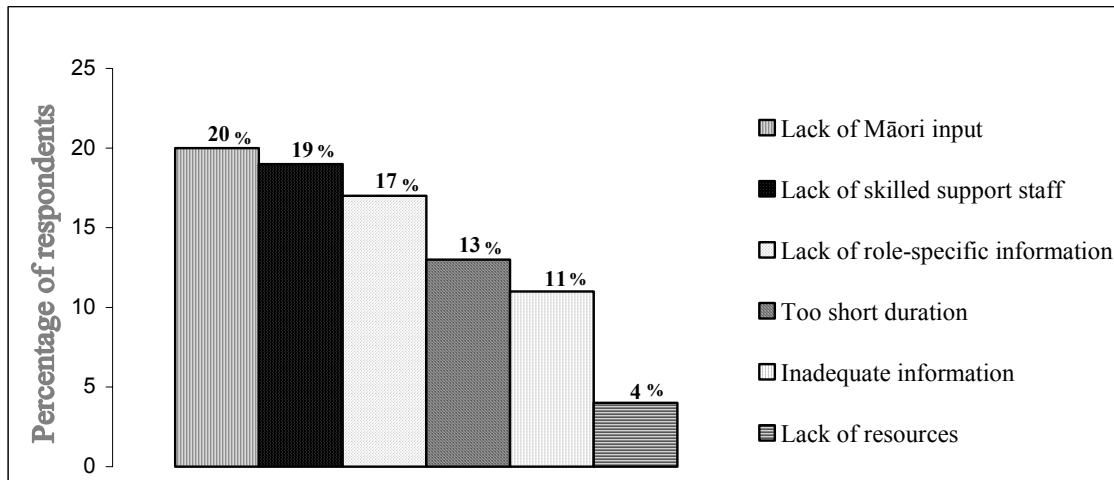
- dedicated Māori content
- practical learning, mentors and preceptors
- opportunities for whakawhānaungatanga and building relationships, networking
- job or role-specific information and information about expectations
- information on facilities, systems and structures
- information specific to mental health
- feeling supported (see graph 3 below).



Graph 3. Orientation Strengths

In broad terms content, duration, and resources featured as the three most influential factors perceived to degrade the experience of orientation. Within these broad categories the most common themes emerging from the qualitative data included (verbatim):

- lack of Māori input
- lack of resources
- lack of role-specific information
- lack of skilled/experienced staff to support orientation
- inadequate information, and
- too short duration (see graph 4).



Graph 4. Orientation Weaknesses

Based on the qualitative data, one of the strongest indicators (within the content and design feedback) of a successful or unsuccessful orientation from the perspective of new staff is the inclusion of dedicated Māori input, processes and information. Frequent examples given included acknowledgement and teaching of Māori models of practice, a Māori presence (including the staff brought in to support or be introduced during orientation, available senior Māori staff mentors or preceptors, and Māori presenters) and the incorporation of Māori processes and values. Responses included (verbatim):

“Would have liked to have had a Māori Psychologist orientate me”

“There is no clear policies on working with tangata whaiora and their whānau. No clear direction on how to support Māori consumers I feel as the only Māori Worker here I have no supports of training for me to develop skills and awareness of Kaupapa Māori and awahi given to tangata whenua”

“Not once, was Māori mental health issues mentioned”

“No Māori orientating me!”

“Need for mainstream organisation to have more of a cultural component of orientation”

“I wasn't happy that OSH gets heaps of time and cultural safety didn't”

“... no strengths due to orientation being one of showing me the system, process which were mainly mainstream stuff. Maybe if I was orientated [through the] process of Māori, it would have been clearer, especially working mainstream and trying to provide kaupapa Māori”

3. The Content of Orientation Programmes

The aim of organisations, in developing an orientation system, is to sort, prioritise and deliver information to new staff in a way that is easy to understand and easily remembered. It is imperative to prioritise the wide range of information that could be included into the orientation package. Too little and the programme could compromise staff and tangata whaiora safety, leave expectations and roles unclear and fail to deliver the necessary information to equip staff for pending roles. Too much, and retention of information is reduced, there is a likelihood of losing the impact of *essential* information because it is buried amongst non-essential items, and information overload occurs.

Essentially, a new staff member is required to know how to function safely and adequately, how to function effectively, and what information might be useful to the employee at a later stage. Therefore the content of an orientation programme can be broken down into three categories:

- must know
- should know, and
- could know ⁵.

From these categories, the information can be further refined to⁶:

- *fatal*, the most important things to be known (including what ensures and compromises safe practices)
- *fundamental*, information that is essential to performing the job most effectively
- *frequency*, or what is done most often in that position, and
- *fixed*, or factors external to the job itself and necessary for the new staff member to know but not “fundamental” to the job role, such as additional mental health related legislation.

Orientation programmes themselves are comprised of two stages: an introductory stage to the organisation and the people within it, and a training period during which the new staff member learns how to function within the organisation. These stages can either follow each other or run concurrently depending on the needs and resources of the organisation.

⁵ Rotherham (1997)

⁶ Alspach (1995)

However, orientation should be realistic (Alspatch, 1995). All the information presented must be in a form and at a pace that can be assimilated by the new staff member easily. In other words, the new staff member should be given the time and resources to learn all that should be known. Similarly, individuals can become overloaded if they are presented with too much information in too short a time (Sanders and Kleiner, 2002).

4. The Timing and Duration of Orientation

The primary function of orientation is to acclimatise staff members to the organisation. Therefore, orientation programmes should begin as soon as an individual is accepted into the organisation (Webb, 2000). However, orientation is not a single “event”, rather a “process” (IRS Management Review, 2001) that endeavours to turn the new staff member into an effective member of the organisation. The duration of the process is therefore dependent on several factors.

For convenience, many organisations, target the first day or two for orientation related activities (McGillicuddy, 1998). However, in order to be most effective, orientation programmes should provide both a general introduction and also training necessary for the new staff member to become proficient in a new role. Some researchers have recommended that the orientation period should take approximately 3 months to complete (Duguay and Korbut, 2002), though others (such as Alspatch, 1995) have argued that the duration of the orientation programme is dependent on the nature and volume of the information to be transferred.

The duration of the orientation programme itself will also depend on how quickly the new staff member can fill the “gaps” in knowledge. Programmes lasting a few weeks or months could be more effective than shorter programmes, as they lessen the possibility of information overload and increase information retention.

From the training needs analysis, 19% of those who responded to the question of orientation weaknesses noted duration as a major hindrance. The most commonly reported weakness of duration was the lack of time to digest the range and breadth of information delivered. Examples of qualitative responses included (verbatim):

“Crammed too much information, new jargon/terms information [in] 4 days”

“Short time frame before being sent into the ‘wilderness’”

“.....the time spent on orientation was I felt too short and very intense”

“Time frame in some areas are not long enough to gain enough knowledge”

In the short term, programmes of longer duration might be more costly than programmes lasting for only a few days, if not hours. However a survey of Chief Financial Officers revealed that 80% believed formal orientation programmes were effective ways of retaining and motivating personnel (Messmer, 2000). It is likely therefore that a transitional orientation period, as opposed to a one-day “event” will lead to long-term benefits for the staff and organisation.

5. The Design of Orientation

Orientation programmes should allow for the greatest degree of flexibility in design to cater for the needs of new staff members, as well as the organisation. For example, while some parts of the organisation, such as facilities and benefits, might change regularly, others, such as the overall aims and philosophy of the organisation, may remain fairly constant. Therefore, some aspects of the orientation programme will require regular updating, while others will not. The orientation programme should thus be designed to take a modular approach. Modules can be taken out, redesigned or inserted as required.

5.1 Introductory Information

The initial introduction of new staff members should give a broad overview of the functioning and culture of the organisation. “Culture” refers to the predominant philosophy and values that drive the organisation, and can include overall aims, goals and objectives. The culture of an organisation should be the basis upon which an orientation programme is designed. Therefore, a well-defined set of organisation principles and goals is an essential part of the orientation process. For example, if an important organisational principle is whānaungatanga and collaboration, the orientation programme should reflect this through staff input at all levels, interaction, and relationship building and networking opportunities. It is also important that the culture of the organisation presented in orientation is in fact a realistic portrayal of how the organisation functions. This will ensure that unmet expectations do not result in staff dissatisfaction and disillusionment.

On the other hand, “functioning” refers to the overall makeup of the organisation. This can include how the various units/teams within the organisation achieve their goals and what those goals might be, as well as how the various teams and providers might interact (Koehler, 1992).

Other organisational information that should be imparted during orientation is information that is of more immediate use to the new staff member. It can include the terms and conditions under which the new staff members will be operating, any facilities that are available, and any health and safety issues and procedures (Koehler, 1992).

An organisation should start orientation by a general introduction for all new staff members to the environment and the facilities, benefits and people (McGillicuddy, 1998). Thus, depending on the size and complexity of the organisation, the introductory stage could take several days.

5.2 Job-Specific Information

New staff must be successfully integrated into the organisation to be able to contribute to their full potential (Sanders and Kleiner, 2002). While new staff members will need to learn how to cope with the new environment, the organisation can help facilitate the process by providing as much information as possible. For example, a detailed job description should be available prior to their selection, and once new staff members commence, they should be provided with necessary and relevant training, feedback and support.

At this stage, rather than merely providing overviews of the organisation, the orientation programme begins to impart knowledge that is directly relevant to the role that the new staff member will be performing. Orientation therefore provides the opportunity for an organisation to make clear the job-specific expectations and information needed to prepare the new staff member for the pending role. Feedback from the training needs analysis revealed 30% of those who responded to the question rated role-specific information to be influential to the comprehensiveness of their orientation. 17% noted a lack of role-specific information as the main weakness and 13% rated its inclusion as the main strength of their orientation experience. Examples of qualitative responses regarding the *lack* of role-specific information included (verbatim):

“Generic orientation week did not prepare the mental health new graduates for anything relevant to mental health, we felt excluded and generally left out”

“No clear set and written expectations of role e.g: DAO. No one person to guide monitor and feedback”

“Not enough korero regarding the different services and what my mahi was”

“Focused on other peoples roles on the unit - unclear about s/workers boundaries and limitations due to unclear job description”

“A vague job description became the only guide”

Furthermore, an orientation programme has to determine the best method to impart knowledge to the new staff member, and to specify whether there is to be a follow up process (Hamilton, 2002). Depending on the nature of that role, the number of new staff and the size of the organisation, this may be conducted in groups or on a more one-on-one basis (such as utilising a senior staff member or preceptor).

5.3 Delivery Methods

Effective orientation can be achieved through a myriad of delivery methods, including presentations by senior staff, “fun games” such as quizzes or treasure hunts, video presentations⁷ as well as written materials (Beeler, 1994). Organisations can also provide personalised folders of information containing maps, contact details, facilities on offer such as childcare and healthcare schemes, and newsletters about the recent developments in the organisation.

The learning style preferences of the new staff member should also be determined, to try and tailor the style of the delivery to what best suits the new staff member (Alspach, 1995). For example, McGillicuddy (1998) examined new staff members who were introduced to an organisation through a variety of modes, such as presentations to small groups, quizzes, orientation videos and personalised folders with information relevant to them about the facilities, important dates, and a work handbook. The multiple modes programme received overwhelming support. Almost all staff (94%) reported that the process was “just right”, rating the orientation programme and presenters highly.

⁷ such as Te Waka Oranga Hinengaro: Introduction to working in Māori mental health by Te Rau Matatini

The Te Rau Matatini training needs analysis revealed that 15% of those who responded considered that a main strength of practical orientation included activities such as observing experienced staff in their work and having the opportunity to practically relate to and apply the orientation content. Responses included (verbatim):

“Working along side people who shared their journey and experiences and roles within their work”

“Hands on mahi, showing how it really is”

“Being able to go out into the community with other MH workers to see how they operate”

“Plenty of handouts, able to put into practice what's being taught”

Sims (2002) concluded that activities involving staff member participation were the most effective for imparting information and reducing participant boredom. Presenting material in a variety of styles and methods also further reduced the risk of boredom. Moreover, orientation programmes should be delivered by presenters who are enthusiastic, capable of building rapport and, most importantly, well trained.

Qualitative feedback on presenters from the training needs analysis highlight a range of orientation deliveries within Māori mental health. Respondents often reported a lack of Māori presenters and Māori staff in general to support new staff through the orientation process. Others appreciated a range of presenters and guest speakers able to talk specifically to their area of expertise and the flow-on opportunity created by facilitators for discussion and questions.

Similarly, Sanders and Kleiner (2002) studied the effect of orientation programmes that included the principles of providing information, keeping the new staff member busy and allowing time for the new staff member to socialise with colleagues. Some of these orientation programmes incorporated the idea of “learner control” through the use of computers and/or the company internet or intranet to provide an interactive environment that allowed new staff members to orient themselves at their own pace. These researchers found that, at the US Department of Education, the orientation programme reduced turnover, training cost and increased participation in orientation and training.

Sanders & Kleiner (2002) recommended the use of the company internet or intranet to aid orientation. Not only can computer programmes be developed to allow new staff members to explore their new environment in a structured, informative yet personalised way, but the new members' knowledge and feelings on the job and the orientation programme can be assessed.

Computers can also be used as a training tool, providing a standardised means of presenting information while allowing new staff members to learn at their own pace, in a form of "self-directed orientation" (Alspach, 1995). Such standardised material would need to be well developed to avoid ambiguity. However, while multimedia approaches can assist in orientation, new staff members will still essentially require interaction with their colleagues (Messmer, 2000).

Pathways, a NGO mental health provider located in seven regions throughout the north island, has been utilising information technology to enhance their information storage, retrieval, administration, access to compulsory training and orientation of new staff since 2001.

5.4 Promoting Whānaungatanga

Orientation programmes also play the important role of providing opportunities for new staff members to socialise with others (Koehler 1992). The new staff member should be given the opportunity to interact with individuals participating in and conducting the programme itself, as well as with co-workers, their team and with management.

The importance of whakawhānaungatanga can be seen on a daily basis in Māori mental health providers. It values the time taken to build rapport and relationships not only with tangata whaiora but also with whānau. For example "when I work with a Māori patient I spent the first interview without talking specifically with him or her at all. I talk to the family. When I feel that I have a brief from and some understanding of the family, I then start talking to the patient. But for the most part, the family has the background and detail that I need, not the individual" (Durie & Hermansson, 1990, p. 113).

Whakawhānaungatanga in Māori mental health is not confined to supporting tangata whaiora and whānau. The building of extended relationships is also extremely important between service providers, colleagues and wider networks such as communities and tangata whenua. Orientation opportunities to build networks, relationships and meet staff, tangata whaiora and

whānau was rated by 13% of those who responded as a key strength of their orientation experience. Responses from the survey included (verbatim):

“[I] was slowly passed into work - not thrown in the deep end. Spent time with the kaumatua of the service, nurses, social workers gave me a good understanding of the roles of a multi-disciplinary team”

“Access to Māori support systems”

“Insight into work environment. Meeting staff and tangata whaiora, learning about the organisation and its role in the community”

“Lack of sufficient Māori focus, meeting whānau, tangata whaiora”

6. The Needs of the Individual in Orientation

Not only the requirements of the organisation and the job role should be taken into consideration. Ineffective orientation programmes that leave new staff disheartened and disoriented can often lead to apathy towards their new roles. The performance of new staff members are often directly related to attitude (Davis & Kleiner, 2001), and attitude is influenced, to various degrees, by first experiences within an organisation.

Thus, organisations should view orientation as an opportunity to influence the attitudes and perceptions of new staff entering an organisation. By supporting new staff as soon as they arrive, and throughout the first several weeks (at least), the organisation will increase the likelihood that new staff will view both the job role and also the organisation favourably. A positive attitude can therefore be fostered through a variety of means, not the least of which includes making the orientation programme an exciting and entertaining experience.

6.1 Tailoring orientation to the needs of the new staff member

While an orientation programme must cater for the requirements of the new staff member, new staff members arrive with varying degrees of both job specific and general knowledge, networks, training experience, work experience and competencies. The needs of new staff will be influenced largely by previous training and work experience. For example the orientation needs of a new graduate with little or no work experience will be different from the orientation needs of an individual already in the workforce with extensive work experience.

To ensure that an orientation programme makes the best use of staff and the organisation's time and resources, new staff should be taught what they need to know, not what they know already. Thus, before the orientation begins, the organisation should consider new staff members' training background and related work experience. The needs of the individual should be assessed and evaluated in order to tailor the training phase of the orientation programme to those needs, and thus maximise the learning experience of the new staff member (Davis & Kleiner, 2001). Factors that need to be taken into consideration when finalising the training regime include the new staff member's job skills, maturity level, professional needs (such as cultural and clinical supervision), and individual learning preferences.

Identifying the level of prior learning, experience, skills and knowledge can be done by asking staff to complete a self-assessment form in which existing strengths and weaknesses are identified. However, any form of self-assessment needs to consider the common reluctance and/or difficulty of Māori staff in identifying strengths⁸. Therefore, the assessment form should frame questions to focus on the attainment of essential skills, knowledge and competencies in a direct manner, such as "how competent do you consider yourself to be in making an initial assessment?" rather than through unstructured, open ended questions such as "what are your strengths?".

Identification of staff strengths and weaknesses reveals the new staff member's knowledge "gaps", while also ensuring that the unnecessary repetition of previously attained knowledge and skills is reduced or eliminated. For example, a new staff member with limited knowledge of the new role may be required to cover all parts of the orientation programme before being deemed competent in the role. On the other hand, a new staff member with some or extensive knowledge of the role may only need to be exposed to the few parts of the programme containing unfamiliar information, such as practices unique to the organisation, and the socialisation aspects of the programme.

However, the identification of knowledge "gaps" must be viewed as a positive process by both staff and the organisation. The purpose of identifying these gaps is to allow the organisation to create an individualised workforce development plan, which will continue to

⁸ Kaore te kumara korero mātāna ake reka

enhance a staff member's level of expertise, in order to benefit both the staff member and the organisation.

6.2 Individualised workforce development plan

Once the areas of the new staff member's developmental needs are identified, the training programme can continue. Preceptors may be provided to help with the specific training and socialisation needs of the new staff member.

New staff members will benefit from regular revision and testing in order to identify and overcome stumbling blocks in the learning process (Duguay & Korbul, 2002). Assessments used to determine skills could range from simple questioning methods to written examinations or practice-based demonstrations. In fairness to the new staff member, the criteria and assessment methods should be developed and agreed upon by both the organisation and the new staff member before the training part of the orientation programme begins.

These initiatives however require resources and available senior staff. In Māori mental health services and NGOs in particular, while initiatives and workforce development systems are needed to assist in building and extending provider capacity, the reality of limited resources and staffing levels may hamper the capacity of providers to automatically engage in workforce development plans as a natural progression of orientation. Responses from the training needs analysis highlighting the need greater resources in orientation included (verbatim):

“Received no orientation training because there was no funding to do this”

“Resources are stretched at operational level”

“...funding focused and will do things on the cheap instead of quality vs quantity”

“Not enough funding to bring down facilitators and access learning available in Northern centers”

7. Preceptoring in Orientation

Some organisations adopt an additional, practice-based step within orientation by assigning a senior staff member to assist a new staff member's transition. They are referred to by several

different terms and while on the surface they all encompass the role of assisting in a transition, there are a number of subtle differences.

Role models are members of staff who can be chosen by the new staff member for their own reasons. While role models can inspire new staff members, the interaction between the two is often limited or even non-existent (Dingman, 2002), which often severely limits the role model's effectiveness as a desirable "orienter".

Coaches impart specific learning objectives to an individual or a group of new staff members, much like sports or team coaches. Their objective is to impart the knowledge of a particular topic to the new staff member over a specified period of time, possibly in a "one off" teaching capacity. The information thus provided is extremely useful to the new staff member, but limited in scope.

Mentors guide individual new staff members by sharing their knowledge on both professional and personal matters over an extended period of time, possibly years. There is no formal programme or structure in the mentor/mentee relationship, but information and experience is shared as and when appropriate.

Preceptors are the most commonly used form of trainer in orientation programmes. Preceptors provide new staff members from orientation and support by teaching and sharing expertise during a specified orientation or training period (Bain, 1996). Thus, unlike role models or mentors, preceptors are expected to cover specific, job-related information during the course of their relationship with the new staff member. However, unlike coaches, the role of the preceptor is more holistic in approach, assisting the new staff member not only with job-specific tasks, but also with socialisation and integration into the organisation.

The use of preceptors in the orientation of health professionals is widespread. The New Zealand Department of Health (1986) recommended the mandatory provision of preceptors in the preparation and initial employment of nurses. More than ten years on, literature on preceptoring suggests that it is a commonly utilised system to transfer experience and knowledge, predominately in the orientation of nurses, teachers and counselors (Bain, 1996).

Preceptorships are useful for both new staff members and preceptors. New staff members are provided with a knowledgeable individual with whom they learn both work and social skills, as well as the opportunity to see the values of the organisation and experienced practice in action. For example, the new staff member can at first be guided by a preceptor through their new duties. As the preceptoring period continues, the new staff member will assume more responsibility when and if the preceptor is satisfied with progress. Goals and objectives are set when the new staff member first begins to work in the new environment, and the preceptor provides the training and feedback required, using the resources at the preceptor's disposal.

However the implementation of preceptors in orientation programmes requires preparation and planning to be effective. Dyson (2000) stated that an "underlying premise of the preceptorship model is the continuity between the student and the.... preceptor"⁹. Thus preceptors must be long-serving staff members capable and willing to devote the time required to guide new staff members throughout the duration of the orientation programme. This can create problems when a new staff member relies entirely on one person, especially if the preceptor is absent for a period of time (O'Mara, 1997).

Research into the use of preceptors has also found that new staff members are not the sole group in need of guidance and development. Preceptors themselves require a structured approach, and support and training to be effective. Experienced preceptors have reported the need for training on how to deal with assessing new staff members and, in particular, how to provide negative feedback (Allen, 2002).

Along with training, preceptors require work time during which to train and assess "preceptees" (Allen 2002). However, setting aside work time limits the availability of the preceptor who is usually a productive member of the organisation. Thus, preceptors need to have the work involved, both visible and invisible, recognised by the organisation, and allowances need to be made for the time involved in developing and maintaining the preceptor/preceptee relationship.

The length of experience of potential preceptors is another important criterion. O'Mara (1997) recommended that preceptors be chosen from staff (nurses) who have not less than 18 months experience in the role. This is to ensure that the preceptors have encountered a wide

⁹ Actual quote is: "between the student and the registered nurse acting as a preceptor" (p.16)

variety of problems and issues and have learnt how to overcome them, and have also developed coping strategies to deal with unexpected problems that may arise. Other factors to consider are the recommendations made by supervisors as to the suitability of a potential preceptor, and also more practical considerations such as whether the preceptor and new staff member have any scheduling conflicts.

However, the experience, expertise and willingness of preceptors to contribute to the development of new staff members should not be neglected once they have been selected. Organisations should reward preceptors monetarily or through some other form of recognition, in order to both retain preceptors and encourage more staff to join the programme. In practice, this recognition rarely occurs, with preceptors performing the role out of sense of professional courtesy (O'Mara, 1997).

Having available preceptors or mentors as a major strength was rated by 15% of those who responded to the question. The most common reason given for this was the ability to observe the senior staff member at work, discuss concerns or challenges and learn through practical guidance based on every day, relevant and realistic job situations. Responses included (verbatim):

“Being mentored by experienced practical, common sense, nurses, who showed a willingness to teach..... these preceptors were fabulous”

“Being with a mental health worker (nurse) that has the clinical and non-clinical experience in this field”

“Orientation was brilliant and learned from long term staff members”

“Working with experienced, commonsense, practical mentors which are far and few between as a lot of the experienced staff had left the service to work elsewhere”

“Buddy system for three weeks with an experienced iwi support worker”

“I watched, listened and learned all that I know, from reception, data, documentation, counselling etc”

Furthermore a lack access or availability of skilled staff to support the orientation transition was also noted by 19% of respondents. Common responses included:

- the unavailability of preceptors due to the expectation placed on them by the organization to continue to carry heavy caseloads

- a complete absence of mentors or preceptors, and
- inappropriate mentors or preceptors.

Responses included (verbatim):

“The preceptors had to have a workload as well as take on new interns. The interns were also expected to work with the acutely ill without appropriate support....I could go on!!!”

“My orientators were also busy doing their own mahi”

“No one preceptor assigned to myself. A mentor would have been great”

“I only spent one day out with a clinician. Not enough as this was all new to me”

“Delegated to colleague in different area (A&D)”

“It felt like the blind leading the blind”

While feedback from the training needs analysis supported the provision of greater practical support to new staff and graduates entering the workforce through the provision of a preceptor, locating and accessing senior Māori mental health preceptors is likely to be difficult. Almost half of those who responded to the training needs analysis had been working in the Māori mental health workforce (42.7%) for 2 years or less. Furthermore in recognition of the dual competency (cultural and clinical) demands and associated workforce development needs of new Māori staff entering mental health, in many cases two preceptors would be required as accessing one preceptor who is strong in both the cultural and clinical dimensions would be difficult.

Although a large degree of preceptor literature has a strong emphasis on the transition of students or recent graduates into a work role, existing preceptorship models could be adapted to provide a more comprehensive, practical component to orienting new staff into Māori mental health. While there operational challenges can be expected, the added value of providing a preceptor component is the provision of a practical example of good-practice from which the new staff member can learn. Preceptoring would therefore ensure that orientation does not remain a paper-based exercise. It would allow for the monitoring and reinforcement of best practice and an action-oriented system to ensure the new knowledge and skills acquired in orientation, are being transferred effectively into the work role and ultimately to work with tangata whaiora and whānau.

8. Assessing Organisational ‘Fit’

The recruitment process provides a glimpse as to whether or not potential new staff members are suited to the roles on offer. However, the orientation programme provides both the organisation and the new member the opportunity to determine whether the new member will truly “fit”. Assessments made by the organisation, preceptors and other presenters of material, and by the new staff member themselves, give an indication as to whether a new staff member can meet the requirements of the organisation, and, vice versa, whether the organisation can meet the requirements of the new staff member.

The assessment and influence of organisation and job “fit” has been frequently reported in HR and Organisational Psychology literature for some time. However The Health and Safety in Employment Act (1992) has encouraged employers to recognise the detrimental influence a lack of “fit” has on staff. Occupational Safety and Health guidelines suggest that the nature of the work is not “the only factor that may result in a person perceiving ‘unreasonable demands’...when people are in a job that doesn’t suit their skills or personality, stress may continue to affect them no matter how well the work is organised” (Occupational Safety and Health, 2003).

9. Refining Orientation Through Input

Throughout the orientation programme, feedback and assessment are essential for the performance of the new staff member, for any staff involved in presenting material and also for those who design and maintain the orientation programme itself (Alspach 1995).

For example, feedback from the new staff member about experiences of the programme can be useful in further refining and developing the orientation process (McGillicuddy, 1998). This feedback can be extremely helpful in expanding areas of the programme that are proving successful with new staff members and those involved in delivering that material, and also in reviewing and adjusting those areas that are less successful. Reviewing and improving the orientation programme should therefore be an ongoing process as the needs of both the organisation and new staff members continue to develop and change. In relation to mental health services, input in the design and revision of orientation programmes should not be

confined to staff but should also include opportunities for input by tangata whaiora and whānau.

10. Summary

Literature and research on orientation programmes provides a sound starting point, highlighting a range of design, content, duration, and resourcing considerations. According to the literature, an orientation programme should include an introduction to the organisation, including information about the goals, procedures, policies, facilities, opportunities and culture of the workplace and an opportunity to socialise with colleagues. Furthermore, it should be based on the values of the organisation, reflect the needs of the workforce including job-specific clarification of expectations and a training component to develop the new staff member into a productive member of the organisation as quickly and efficiently as possible. Furthermore, the Māori mental health workforce has highlighted through the Te Rau Matatini training needs analysis additional expectations and desirable inclusions such as dedicated Māori involvement, input and content, networking and whakawhānungatanga opportunities, and available skilled senior staff to provide support and guidance.

The review has also confirmed that there are many ways that an orientation programme can be structured. The structure, much like the content of the programme, will be dependent on the nature of the organisation and the resources available. However, to optimise the learning experience, orientation should also take into consideration the nature, knowledge and needs of each new staff member,.

In summary orientation provides an opportunity for organisations to communicate a range of job-related expectations, deliver job-related information and clarify the level of workforce development need and organisational/job “fit”. It is also an opportunity to reinforce that role and employment are valued by the organisation, to engender a feeling of being supported by the organisation and in doing so, increase the likelihood of job satisfaction, a seamless transition and ultimately retention of staff. Orientation provides opportunity for organisations to execute responsibility to undertake practical steps and work jointly with new staff in identifying early potential hazards and minimising the likelihood of those hazards leading to mental harm or unacceptable stress levels. While designing and operationalising a comprehensive, flexible and informative orientation programme does require additional

resourcing and staff involvement, the long term benefits are likely to out-weigh the short-term cost savings associated with a quick fix orientation programme which often leaves staff feeling unsafe, unsupported and ultimately unable to provide their best service to tangata whaiora and whānau.

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