

ENHANCING AN ONBOARDING PROGRAM FOR
PRIMARY CARE PROVIDERS: A QUALITY
IMPROVEMENT PROJECT

by

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DEDICATION

To my husband, Thank you for your unwavering support and encouragement throughout this doctoral journey. Your belief in me has been a constant source of strength, allowing me the space to learn and grow. Your cheerleading from the sidelines has motivated me to push boundaries and strive for excellence. I am grateful for your love and partnership, which have been instrumental in this achievement. This work is dedicated to you with heartfelt appreciation.

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ABSTRACT

Statement of Problem: The healthcare industry grapples with escalating costs, an aging population, burnout, workforce shortages, technological advances, regulatory shifts, disparities, workplace trends, and patient safety. Leaders strive to improve patient safety, population health, the patient experience, and healthcare costs per capita through initiatives such as "To Err Is Human" and "The Triple Aim." Burnout among healthcare providers, worsened by efficiency and cost-cutting efforts, impacts well-being, patient care, and workforce stability. Effective onboarding processes are vital in addressing burnout, reducing turnover, improving patient outcomes, enhancing safety, and organizational success. The quality improvement project seeks to enhance healthcare provider onboarding through interventions focused on communication, electronic health record (EHR) resources, mentorship, and structured orientation. The goal is to improve integration into clinic culture, reduce burnout, and enhance retention.

Methods: A qualitative approach, including interviews, was used to analyze the intervention's impact. In-person interviews with new employees provided insights into their experiences and perceptions of the onboarding process. Data analysis identified themes.

Results: Interviews revealed key themes such as clear communication, accessible information, mentorship, structured feedback, comprehensive training, and leadership support. Differences between interviews held after one week and one month included challenges in finding information, navigating the EHR, and adapting to the new environment. Participants discussed arrival packet content, usefulness, and suggestions for improvement.

Conclusions: Interventions have enhanced onboarding, aligning with effective practices. Future work will focus on refining interventions and evaluating the long-term impact on reducing burnout and improving retention.

Keywords: Onboarding, healthcare providers, communication, mentorship, training, retention, burnout

CHAPTER ONE

REVIEW OF THE LITERATURE

Introduction

The healthcare industry is shaped by numerous challenges and opportunities, reflecting its dynamic nature as it continually adapts to the evolving needs of society. In response to these challenges, healthcare sectors, organizations, and professionals engaged in delivering healthcare services are addressing a range of critical issues. Challenges to the delivery of high-quality healthcare include escalating healthcare costs, concerns about access, an aging population, burnout, shortages in healthcare workers, technological advancements, regulatory shifts, healthcare disparities, workplace trends, and patient safety (Patel & Mohanty, 2023; Shanafelt et al., 2012).

Initiating significant reorganization and efforts to refocus healthcare priorities, healthcare leaders responded to the pivotal report "To Err is Human" published by the Institute of Medicine (IOM) in 2000, which underscored the imperative need to improve patient safety (Kohn et al., 2000). The IOM's report marked a crucial turning point in healthcare, prompting a concentrated focus on reducing errors and enhancing patient safety.

Years later, recognizing the ongoing challenges in the healthcare landscape, the Institute for Healthcare Improvement (IHI) introduced "The Triple Aim" in 2008 as a response to skyrocketing healthcare costs and the need to improve the health of the nation (Berwick et al., 2008). The Triple Aim's framework aimed to enhance health system performance by simultaneously addressing three key dimensions: improving the health of populations, enhancing

the patient experience of care, and reducing the per capita cost of healthcare. The shift from "To Err Is Human" to the "Triple Aim" reflects a transition from focusing solely on patient safety and error reduction to a more comprehensive approach. The Triple Aim approach considers population health, patient experience, and cost containment as equally vital components of healthcare improvement (Berwick et al., 2008).

Considering these evolving challenges and responses, healthcare leaders are now contemplating a Quadruple Aim, which not only includes the Triple Aim's goals but also places additional focus on improving the work-life balance of healthcare clinicians and staff, addressing the pervasive issue of burnout (Bodenheimer & Sinsky, 2014). The Quadruple Aim reflects a growing recognition that the well-being of the healthcare workforce is integral to achieving overall healthcare system goals and ensuring sustained improvements in patient outcomes and experiences (Bodenheimer & Sinsky, 2014).

Pursuing initiatives like the Triple Aim of Healthcare may contribute to healthcare provider burnout (Bodenheimer & Sinsky, 2014; Dillon et al., 2020). Professional burnout is a state of physical, emotional, and mental exhaustion resulting from prolonged stress and overwhelming job demands (Dyrbye, 2017; Lall et al., 2019). The condition can manifest as a range of symptoms, including "feelings of cynicism, reduced effectiveness, increased absenteeism, and a decreased sense of personal accomplishment" (Lall, 2019, p.278).

However, achieving Triple Aim goals, while crucial, has posed significant challenges for healthcare providers. The relentless pursuit of efficiency and cost reduction within healthcare systems has placed immense pressure on healthcare providers (Dillon et al., 2020; Wallace et al., 2009). The demand to deliver high-quality care to a larger patient population within limited

resources has led to longer work hours, increased administrative burdens, and reduced time for patient interaction (Cohen et al., 2023; Lall et al., 2019). A feeling of constant pressure and workload can contribute to burnout among healthcare professionals.

Moreover, the shift toward electronic health records and performance metrics has added to the workload, leaving healthcare providers feeling stretched thin (Dillon et al., 2020; Friedberg et al., 2014; Kroth et al., 2019). The resulting burnout not only impacts the well-being of healthcare professionals but also jeopardizes the quality of patient care, creating a challenging cycle that healthcare organizations must address through a balanced approach that values both patient outcomes and the well-being of their workforce (Lall et al., 2019; Shanafelt, 2022). The delicate balance between achieving healthcare quality and safeguarding the welfare of healthcare providers is a critical aspect of addressing the challenges and opportunities within the healthcare system.

Optimizing Onboarding to Reduce Healthcare Provider Burnout

Healthcare provider burnout is a critical issue that cannot be viewed in isolation but as part of a broader challenge related to workforce retention (De Vries et al., 2023; Hills, 2022). Burnout adversely affects the mental and physical health of healthcare professionals and significantly contributes to turnover within the industry (Cohen et al., 2023; De Vries et al., 2023; Firth-Cozens & Gerrity, 2001; Shanafelt et al., 2012). As experienced healthcare providers leave positions due to burnout, healthcare organizations face the costly and disruptive task of recruiting and onboarding new staff (De Vries et al., 2023; Erickson et al., 2023).

Effective onboarding processes are paramount in addressing retention challenges (De Vries et al., 2023; Grek et al., 2022; Hills, 2022; Langley et al., 2018). A thoughtfully organized

onboarding program provides the necessary support and resources, ensuring healthcare professionals are adequately prepared for their roles and reducing the likelihood of early turnover, thereby contributing to maintaining a stable and skilled workforce (Patel & Mohanty, 2023; Shufutinsky & Cox, 2019).

Onboarding is a crucial bridge between theoretical knowledge and practical application in patient care. Integration of new employees significantly influences patient safety, clinical excellence, regulatory compliance, and organizational success (Lall et al., 2019; Lynch & Buckner-Hayden, 2010). Optimal onboarding is essential due to its profound impact on patient care and the broader healthcare context. Best practices are vital for healthcare organizations; however, the multifaceted nature of onboarding presents challenges, primarily stemming from inconsistent, unstructured approaches within healthcare organizations (Baldwin, 2016; Erickson et al., 2023; Grek et al., 2022; Hills, 2022).

Inconsistencies in the onboarding process can lead to varying quality and comprehensiveness in orientation and training for new healthcare professionals. Patel & Mohanty (2023) found several significant challenges in implementing effective onboarding programs, including budget and resource constraints, resistance to change, and the complexity of assessing the impact of onboarding strategies on retention. Another contributor to unsuccessful onboarding includes little or no standardization within onboarding programs (Grek et al., 2022; Kurnat-Thoma et al., 2017). The absence of uniformity results in disparate experiences for healthcare providers, affecting their readiness, confidence, and overall job satisfaction (Grek et al., 2022).

The Crucial Role of Onboarding Healthcare Providers

Effective onboarding in healthcare is crucial for enhancing patient care across various dimensions. Comprehensive onboarding leads to better-informed decision-making, accurate diagnoses, and improved treatment plans, ultimately resulting in superior patient outcomes (Chaney et al., 2021; Grek et al., 2022; Kapu, 2022). Moreover, onboarding significantly enhances patient safety. Well-prepared healthcare professionals, equipped with best practices and safety protocols, substantially reduce the risk of medical errors and adverse events (Chaney et al., 2021; Shanafelt et al., 2002; Williams et al., 2007). In addition to impacting patient care, onboarding environments that foster support play a pivotal role in influencing job satisfaction, correlating with heightened levels of patient satisfaction (Han et al., 2018).

Beyond individual well-being, effective onboarding practices also play a crucial role in organizational success. Successful orientation boosts workplace efficiency, ensuring new hires quickly become productive contributors, streamlining operations, and enhancing overall productivity (Erickson et al., 2023; Shufutinsky & Cox, 2019). Best onboarding practices lead to substantial cost savings by reducing errors, integrating new hires faster, and promoting talent retention, thus saving recruitment and replacement costs (De Vries et al., 2023; Erickson et al., 2023).

Onboarding is critical for compliance and risk mitigation, helping employees understand company policies and industry regulations and reducing the risk of legal issues and compliance violations (Meyer, 2016). Lastly, onboarding practices greatly enhance an organization's competitiveness in the job market, attracting and retaining top talent (Baldwin, 2016; Shufutinsky & Cox, 2019). A well-structured onboarding process demonstrates the company's commitment to employee development, making it an attractive choice for job seekers and

providing employers with an advantage in attracting skilled hires and retaining talent for long-term success (Baldwin, 2016; Shufutinsky & Cox, 2019).

Areas for further research within onboarding practices include investigating the effectiveness of sustainable re-education approaches for physicians, exploring barriers to participation in onboarding programs, and assessing the long-term impact of re-education on physician efficiency (Robinson & Kersey, 2018). Additionally, research could focus on optimal timing and delivery methods of onboarding practices and their impact on workforce and health system outcomes, such as patient satisfaction and quality indicators (Klein et al., 2015). Understanding how onboarding practices interact with individual differences and proactive behavior during socialization is also a relevant research avenue (Klein et al., 2015).

Methods

The primary goal of this literature review was to comprehensively investigate and synthesize existing research concerning the best practices in onboarding healthcare providers. The review aims to offer a current and thorough understanding of onboarding for new medical providers, identifying key trends and critical findings that contribute to the knowledge base in this field. The initial search strategy was designed to explore the relevant scholarly literature. A search of electronic databases and grey literature was performed from August to September 2023. The electronic databases queried included PubMed, Everything + TRAILS, CINAHL, MEDLINE, Cochrane Reviews, and Google Scholar citation mining. Databases were systematically searched using keywords and vocabulary relevant to the research topic. Search queries were refined using Boolean operators (AND, OR). Additionally, grey literature and healthcare organizations such as the Advisory Board, Mayo Clinic, and the American Medical

Association were searched for onboarding practices, programs, and education offerings on onboarding.

In the second phase, a manual search was conducted through citation mining and forward citation searching using the reference lists of crucial onboarding studies. Reviewing the reference lists of critical articles, reports, and relevant dissertations, additional sources were identified sources that may not have been captured through the electronic search. A manual search strategy proved highly effective in identifying the most relevant articles and research. The primary objective was to reduce any potential bias that might arise from including only certain types of sources or publications and, instead, make sure that a broad and varied selection of sources was considered in the research, including peer-reviewed articles, books, reports, and grey literature.

The inclusion criteria for screening and selecting studies were as follows: full-text, peer-reviewed articles, dissertations, books, book chapters, reports, and articles while excluding unpublished sources. The literature review yielded nearly equal quantitative and qualitative research articles, and the final selection included articles that met defined criteria.

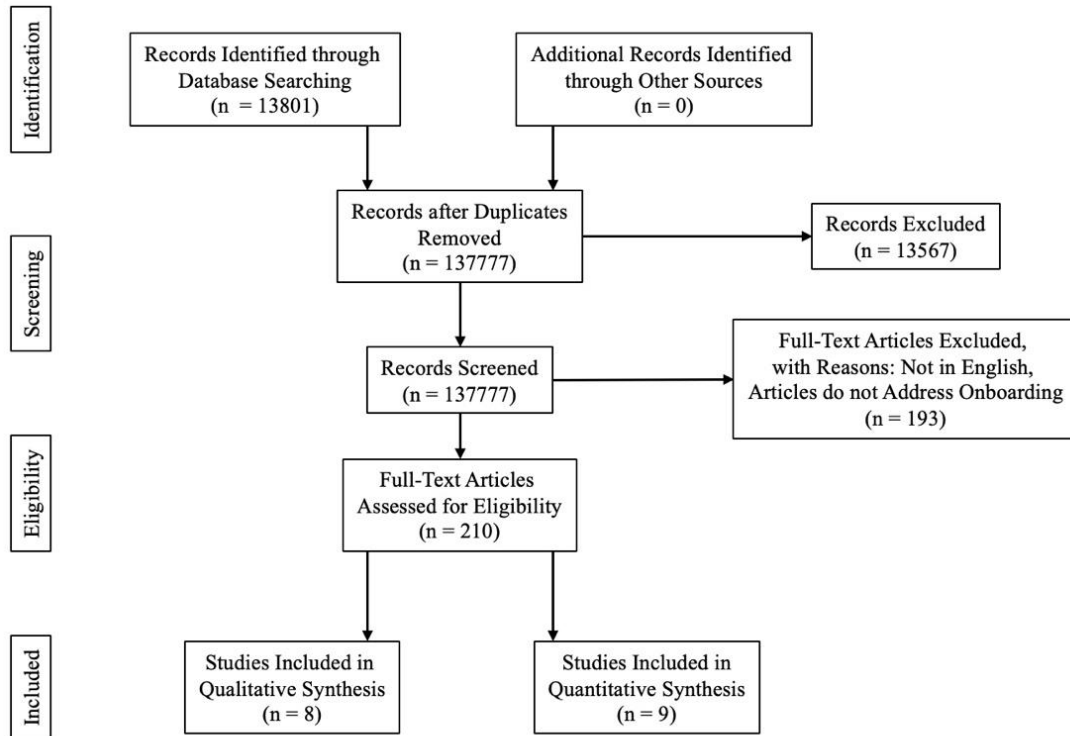
Studies were included to determine whether they addressed various aspects of onboarding, including the onboarding process, the development of onboarding programs, evaluations of program requirements and deficiencies, or investigation of industry standards for onboarding. Initially, studies were examined within specific date ranges; the review expanded its scope to encompass research spanning multiple decades, as a portion of onboarding literature was found to be over ten years old. Studies published only in English were included due to language limitations. No geographical restrictions were imposed on the analyses, which primarily focused on studies conducted in hospital and healthcare settings. A lack of high-quality studies drove the

inclusion of the nursing industry. The quality of the studies was considered during the review process. Despite the limited volume of literature on onboarding found, the aim was to use studies that included evidence-based onboarding programs to improve the onboarding of healthcare providers in the primary care setting.

Search terms included onboarding, onboarding AND healthcare, onboarding AND healthcare provider*, onboarding program AND healthcare, electronic health record* AND burnout, and burnout AND physicians. Due to the topic's limited specificity, conducting a highly targeted search did not produce the number of articles needed to understand best onboarding practices; therefore, a general set of search terms was used to broaden the search and obtain the necessary articles for review.

Results: PRISMA Chart

Figure 1. PRISMA Chart



A total of 17 articles encompassed diverse study types exploring onboarding strategies and their impact. Studies revealed emerging strategies but encountered challenges with sample size and diversity. Technology integration in onboarding, while enhancing experiences, necessitates more rigorous study designs for validation (Chreiman et al., 2017). Onboarding programs positively affected job retention and attrition rates, though standardized measurement methods are needed (Chaney et al., 2021; Langley et al., 2018). Formal onboarding improved socialization and competence, yet more extensive studies are warranted (Erickson et al., 2023; Kurnat-Thoma et al., 2017).

Holistic onboarding approaches, emphasizing diverse participant sources, benefited employee perceptions and socialization (Ortiz Pate et al., 2023; Robeano et al., 2019). Administrative insights offered valuable perspectives despite small sample sizes. Literature reviews identified trends in onboarding, highlighting the need for comprehensive and standardized methodologies (Kurnat-Thoma et al., 2017). Studies ranging from evidence levels III to VII contribute valuable insights that guide organizations in optimizing onboarding processes (Chaney et al., 2021; Langley et al., 2018).

Literature Review

Strategies for Effective Onboarding in the Modern Workforce

Employee onboarding plays a pivotal role in the contemporary workforce integration and organizational effectiveness landscape, promoting provider well-being and ensuring quality of care (Frögéli et al., 2023; Morgan et al., 2020). A well-structured onboarding program effectively facilitates the new employee's integration into their roles and establishes a solid foundation for their ongoing journey within the company (Chaney et al., 2021; Frögéli et al., 2023; Robeano et al., 2019).

Moreover, onboarding programs aim to educate providers to offer patients the best care. Successful onboarding is linked to reduced errors, improved documentation, and enhanced overall care quality (Morgan et al., 2020). Furthermore, onboarding assists new clinicians in aligning with the organization's core values, emphasizing quality, patient experience, and appropriate billing practices. An organized and efficient onboarding process fosters a shared understanding of these values among all staff members (Morgan et al., 2020).

The literature highlights the significance of onboarding in today's dynamic work environments. Beyond its impact on employee performance and satisfaction, onboarding eases transitions, fosters confidence, and provides opportunities for growth and development (Chreiman et al., 2017; De Vries et al., 2023; Grek et al., 2022; Ortiz Pate et al., 2023; Robeano et al., 2019). Onboarding literature explores its influence on organizational culture, the importance of clear communication, strategies for enhancing engagement, and the critical role of mentorship and leadership support in the onboarding process (Erickson et al., 2023; Kurnat-Thoma et al., 2017; Langley et al., 2018; Ortiz Pate et al., 2023; Robeano et al., 2019). Employees value onboarding programs that focus on building connections and internal networks, recognizing them as more valuable (Meyer, 2016). Additionally, onboarding programs address the 'transition gaps' in clinical knowledge and competencies that new-hire medical providers may have, bridging the divide between their previous roles or education and the expected level of practice within the organization (Morgan et al., 2020).

Onboarding as a Foundation for Success

In the realm of organizational development, the foundational role of onboarding emerges as a critical component of employee integration and engagement (Erickson et al., 2023; Kurnat-Thoma et al., 2017; Ortiz Pate et al., 2023; Robeano et al., 2019). Effective onboarding goes beyond orientation and paperwork; it is crucial for facilitating the often-challenging transition into a new role. Healthcare organizations demand a seamless and well-structured transition process to introduce new hires to their roles. By delving into the intricacies of their responsibilities from the outset, onboarding instills a sense of clarity and purpose in these professionals (Chaney et al., 2021). The onboarding process equips new employees with

standardized knowledge and skills and fosters confidence (Anglin et al., 2021; Erickson et al., 2023; Langley et al., 2018; Ortiz Pate et al., 2023).

Effective onboarding significantly impacts job satisfaction, organizational commitment, and retention rates (Cable et al., 2013; Chaney et al., 2021; De Vries et al., 2023; Erickson et al., 2023; Grek et al., 2022; Kurnat-Thoma et al., 2017; Langley et al., 2018; Meyer, 2016; Morgan et al., 2020; Patel & Mohanty, 2023; Shufutinsky & Cox, 2019). Therefore, understanding the foundational role of onboarding becomes vital, as it provides a solid foundation for employee success and organizational growth in the ever-evolving healthcare landscape and beyond.

Enhancing Engagement Through Onboarding Strategies

Organizations can proactively enhance employee engagement by incorporating strategies that foster a supportive organizational culture, provide job-specific training, and offer mentorship and leadership support during onboarding (Frögéli et al., 2023; Patel & Mohanty, 2023).

Engaged employees are more likely to remain committed, dedicated, and aligned with the organization's mission and goals, ultimately contributing to its long-term success. Structured onboarding programs enhance productivity and engagement, especially for millennial healthcare professionals (Erickson et al., 2023; Shufutinsky & Cox, 2019). Thus, onboarding is a powerful catalyst in creating a well-prepared, highly engaged, and motivated workforce poised for excellence.

Embedding strategies that promote a supportive organizational culture into onboarding can significantly enhance employee engagement. When new employees are introduced to a workplace culture that values inclusivity, respect, and a sense of community, they are likelier to feel a sense of belonging (Cable et al., 2013; Frögéli et al., 2023).

Key Components of Effective Onboarding

Providing employees with the tools and resources they need to excel in their roles is essential to laying solid groundwork for onboarding. Influenced by the millennial generation, the changing workforce dynamics necessitate a shift in onboarding practices (Shufutinsky & Cox, 2019). The shift in onboarding practices involves implementing job-specific training tailored to equip new hires with the specialized skills and knowledge indispensable for their positions (Chaney et al., 2021). Such training ensures their readiness to execute their job responsibilities proficiently and bolsters their confidence and competence, elevating their overall success within the company. The literature highlights the pivotal role of skill development behind the success of an onboarding program and shows the significant effects of onboarding practices on socialization outcomes (Anglin et al., 2021; Frögéli et al., 2023).

Research reveals that the absence of training in onboarding programs significantly affects job retention (Patel & Mohanty, 2023). Consequently, it emphasizes the need to prioritize practical, skill-based, and timely training interventions, thereby facilitating the seamless translation of acquired knowledge into real-world clinical applications (Frögéli et al., 2023; Langley et al., 2018; Ortiz Pate et al., 2023).

One promising strategy that has garnered substantial support is structured and supported on-the-job training (Frögéli et al., 2023). Furthermore, adopting a graduated approach to clinical productivity expectations and customizing the “ramp-up” to a full patient schedule has gained recognition as a systematic method tailored to accommodate the learning curve and limited experience of medical providers during onboarding (Anglin et al., 2021; Chaney et al., 2021; Ortiz Pate et al., 2023). Initially setting lower clinical productivity expectations, this approach progressively increases them as these professionals gain proficiency and confidence through

hands-on experience and training. A progressive approach aligns with the goal of effective skill development and ensures that new healthcare professionals can deliver high-quality care without being overwhelmed as they accumulate experience (Anglin et al., 2021).

Mentoring is a vital component of the onboarding process (Anglin et al., 2021; Chaney et al., 2021; De Vries et al., 2023; Langley et al., 2018; Morgan et al., 2020; Ortiz Pate et al., 2023; Robeano et al., 2019). Employees who build internal networks during onboarding are more likely to feel supported and satisfied in their roles (Meyer, 2016). Mentorship entails connecting new employees with seasoned mentors or providing access to leadership guidance. Mentorship and support systems are invaluable assets, assisting newcomers in navigating the organizational landscape, grasping its intricacies, and fostering a profound sense of value and support (Anglin et al., 2021; De Vries et al., 2023; Morgan et al., 2020; Sanchez et al., 2020).

Mentorship catalyzes professional development and is a conduit for knowledge transfer, significantly enhancing confidence and competence throughout the onboarding journey. Research conducted by De Vries et al. (2023) highlights the positive influence of mentorship in various areas, including affective commitment to the organization, professional development, and stress management. Notably, one-to-one mentorship programs have substantially reduced turnover rates compared to control groups (De Vries et al., 2023). The finding of De Vries et al. (2023) emphasizes how well-designed onboarding programs and mentorship initiatives play a pivotal role in boosting retention rates among healthcare workers, particularly during the challenging transition from education to professional practice. Structured onboarding processes highlight the importance of the initial 90 days in a new role, resulting in a substantial decrease in medical provider turnover (Grek et al., 2022).

Structured Onboarding Timeline and Feedback Mechanisms

Tailoring the onboarding experience to the unique needs of individual employees contributes to their job satisfaction and performance (Anglin et al., 2021; Ortiz Pate et al., 2023). In healthcare settings, where continuity of care is crucial, striking a balance between integrating new employees and addressing ongoing needs is necessary. Within onboarding principles and components, discussing the importance of a streamlined onboarding process, effective communication, and formal templates and plans is essential (Frögéli et al., 2023). A streamlined onboarding process ensures efficient and well-structured activities as new employees join the organization, reducing delays and allowing seamless integration (Frögéli et al., 2023; Langley et al., 2018).

The primary purpose of an onboarding timeline is to provide a comprehensive introduction to the organization's practices and to foster relationships with different departments (Chaney et al., 2021). An onboarding timeline is designed to guide new employees through various stages of integration into the organization smoothly and effectively. A well-thought-out onboarding timeline includes orientation, meetings with leadership, clinic tours, and training on electronic medical records (EMR) and compliance modules (Anglin et al., 2021; Chaney et al., 2021). The timeline's primary goal is to ensure new employees become familiar with the organization's operations and establish meaningful connections with various departments (Chaney et al., 2021).

The significance of an efficiently structured timeline lies in its ability to communicate essential information and experiences to newly onboarded employees. During new employees' initial days and weeks at the organization, new hires are often bombarded with a wealth of

information, from company policies to job-specific procedures. Information can become manageable with a structured timeline, leading to clarity and reducing potential disengagement (Chaney et al., 2021). The structured timeline ensures new employees receive the correct information and experiences at the right time by breaking the onboarding process into manageable segments. For instance, medical providers must acquire general organizational knowledge and specialized medical protocols in healthcare organizations. A structured timeline ensures they receive this information logically, preventing information overload and helping them build a strong foundation for their roles (Rogers, 2022).

Klein et al. (2015) investigated disparities between what organizations claim to offer regarding onboarding practices and what employees experience and found that employees often report fewer onboarding activities than organizations believe they provide. The research highlights a positive link between the number of onboarding practices offered or experienced and the successful integration of newcomers, implying that a more significant number of practices can be advantageous (Klein et al., 2015). Furthermore, the study notes that the presentation and experience of these practices—formally or informally communicated as requirements or recommendations—influence how employees perceive their helpfulness and impact on socialization (Klein et al., 2015). The timing of onboarding practices varies, with some practices proving more beneficial when introduced early, although the ideal timing depends on specific practices and individual employee needs (Klein et al., 2015).

Orientation sessions are pivotal in the structured onboarding timeline. Orientation sessions introduce new employees to the organization and its policies, serve as a formal starting point for the onboarding journey, provide a structured platform for familiarization, and typically

cover various topics, including the organization's mission and values, workplace policies, compliance requirements, and basic information about benefits and resources (De Vries et al., 2023). For healthcare professionals, this may include discussions on patient care protocols and safety procedures.

Orientation sessions are significant as they set the tone for a new employee's experience within the organization and create a welcoming and informative atmosphere from day one (Erickson et al., 2023). Additionally, these sessions play a pivotal role in cultivating a sense of community and belonging by facilitating interactions with colleagues, supervisors, and key personnel, thus alleviating any potential feelings of isolation that can arise when starting a new job (Grek et al., 2022).

One of the fundamental principles of effective onboarding is the establishment of clear and well-defined roles and responsibilities (Ortiz Pate et al., 2023). Providers must comprehensively grasp the roles and responsibilities and how they align with the team-based care model (Chaney et al., 2021). Clear role definitions minimize confusion and empower employees by providing a roadmap for their contributions. The principle aligns with the literature's emphasis on role clarity, as it contributes significantly to job satisfaction and organizational commitment. (Ortiz Pate et al., 2023).

Promoting effective teamwork among new healthcare professionals, team-based care entails various team members participating in patient care within the confines of their licensure (Anglin et al., 2021). A team-based approach includes attending department meetings, participating in team huddles, joining email groups, and meeting with different team members to gain insights into their roles and workflows (Anglin et al., 2021). Furthermore, when introducing

new employees to their colleagues, it is vital to organize these introductions to allow individuals to showcase their genuine strengths, which helps foster their identity (Anglin et al., 2021; Cable et al., 2013).

Continuous feedback and evaluation mechanisms are essential for the onboarding program (Anglin et al., 2021; Morgan et al., 2020). Feedback plays a crucial role in closely monitoring the progress of new team members, identifying areas for improvement, and ultimately enhancing the overall onboarding experience by tailoring it to meet the evolving needs and expectations of employees throughout their integration journey (Anglin et al., 2021). Several methods are used to assess and evaluate new hires' performance, including chart reviews with feedback, direct observation of clinical activities, checklists to track progress, and formal evaluations at scheduled intervals (e.g., 30, 60, or 90 days) (Anglin et al., 2021). Assessing and evaluating the performance of new hires encompasses technical, cognitive, and interpersonal skills essential for clinical success.

Discussion

The literature review revealed two focal points for consideration: the significant impact of millennial perspectives on onboarding practices and the need for more research on the unique onboarding needs of physicians. Millennial participants critically assess organizational onboarding, highlighting deficiencies in pre-boarding, planning, cultural integration, efficiency, and sustainability awareness (Shufutinsky & Cox, 2019). Their expectations for top-tier onboarding programs include effective pre-boarding, meticulous planning, transparent communication, supportive management, professional development, innovation, and a focus on

social justice and ethics (Shufutinsky & Cox, 2019). Organizations lacking these elements risk poor retention and a negative employee perception (Shufutinsky & Cox, 2019).

Recognizing the imperative of optimizing onboarding in a competitive environment, organizations should integrate millennial insights to attract and retain top talent. Amidst high millennial turnover; employers must adapt onboarding strategies (Shufutinsky & Cox, 2019). Future studies should explore the intricacies of physician onboarding, examining it in depth, particularly in primary care settings. Tailored practices, including clinical orientation, patient safety training, and interdisciplinary integration, are crucial. Aligning efforts with physician onboarding optimizes patient care, physician satisfaction, and overall organizational prosperity. The evolution of onboarding practices, particularly in primary care, will require rethinking current practices and developing innovative programs that address the well-being of our society's physician workforce.

Conclusion

The significance of well-structured onboarding programs in healthcare cannot be overstated. Graduated ramp-up of clinical productivity expectations provides new hires with essential on-the-job training before assuming full responsibilities (Anglin et al., 2021; Chaney et al., 2021; Ortiz Pate et al., 2023). A graduated ramp-up approach enhances confidence and competence (Anglin et al., 2021).

Healthcare providers often grapple with substantial burdens related to administrative tasks and electronic health record (EHR) usage, leading to frustration and burnout (Dillon et al., 2020; Dymek et al., 2021; The US Surgeon General Issues Advisory for Healthcare Worker Burnout, 2022). Addressing these challenges includes reducing the EHR workload, increasing

support staff, and fostering a supportive organizational culture (Dillon et al., 2020). Broader changes to financial incentives and EHR systems are also recommended to enable healthcare providers to dedicate more time to meaningful patient care, ultimately enhancing well-being and reducing burnout (Dillon et al., 2020).

Burnout among healthcare providers is a significant concern with wide-ranging implications for quality, safety, and healthcare system performance (Dyrbye et al., 2017). Social support, feeling valued, and finding meaning in work are critical in mitigating burnout (Dillon et al., 2020). Effective onboarding programs that support healthcare workers transitioning into new roles can help prevent burnout by providing the necessary support and guidance (De Vries et al., 2023).

Effective onboarding practices include boosting competence, offering electronic health records training, encouraging mentorship, familiarizing new hires with organizational dynamics, customizing patient scheduling ramp-ups, setting clear expectations, and providing comprehensive organizational support (Anglin et al., 2021; Ortiz Pate et al., 2023). Psychological and social elements, like fostering comfort and cultivating self-assurance, are integral to successful onboarding initiatives (Ortiz Pate et al., 2023).

Pre-boarding activities are crucial in setting the stage for a successful onboarding process (Hills, 2022; Shufutinsky & Cox, 2019). Pre-boarding activities aim to establish a sense of excitement and connection for new hires before their official start date (Hills, 2022). Pre-boarding activities can include a facility tour, providing helpful documents and literature, giving welcome gifts, matching new hires with a peer mentor, communicating important information, and a schedule of events for the first week (Hills, 2022).

In conclusion, well-structured onboarding programs in healthcare should be emphasized more for their critical role in retaining staff, reducing turnover, enhancing engagement, and increasing job satisfaction (Baldwin, 2016; Hills, 2022; Patel & Mohanty, 2023). By implementing best practices and focusing on individual needs, healthcare organizations can create a positive onboarding experience that prepares new hires for long-term success.

CHAPTER TWO

QUALITY IMPROVEMENT PROPOSAL

Introduction and Problem

The challenge of burnout remains an ongoing and pressing concern for healthcare leaders, demanding continuous attention and proactive strategies to address its profound impact on the well-being of healthcare professionals. Physician burnout, characterized by emotional, physical, and mental exhaustion, has global implications, reaching "crisis levels" in the US health workforce (Lall et al., 2019; The US Surgeon General's Advisory on Building a Thriving Health Workforce, 2022). Recent data further highlights the severity of this issue, exposing high prevalence rates of burnout, low engagement, and substantial turnover within primary care settings (Willard-Grace et al., 2019). Strikingly, 53% of clinicians and staff reported burnout, while only 32% of clinicians and 35% reported high engagement (Willard-Grace et al., 2019). Moreover, within healthcare organizations, 30% of clinicians and 41% of staff were no longer working in primary care two to three years later (Willard-Grace et al., 2019).

Burnout is more prevalent among physicians than other US workers, especially those in specialties at the forefront of care access, making them particularly vulnerable to its impacts (Shanefelt et al., 2012). The alarming trend in turnover is particularly evident among clinicians, with rates increasing by 9% between 2011 and 2014, contributing to a 7.6% physician turnover rate in 2018 (Bond et al., 2023; Dyrbye, 2017).

Trends in turnover findings underscore the critical imperative for healthcare organizations and policymakers to address burnout comprehensively. While efforts to reduce

clinician burnout may improve retention rates, a multifactorial approach is essential to understand and mitigate the diverse causes of turnover for clinicians and staff within primary care. Clinician turnover erodes medical knowledge, patient trust, and healthcare quality, costing the system billions annually (Dyrbye, 2017; The US Surgeon General's Advisory on Building a Thriving Health Workforce, 2022). Medical provider turnover affects patient care, particularly for marginalized groups, leading to delays, decreased quality, and higher medical errors (Bond et al., 2023; Kearney et al., 2020; Shanafelt et al., 2002). Addressing burnout and turnover is imperative for healthcare stability. Reducing burnout includes improving work-life balance, mental health support, effective retention programs, and addressing EHR challenges (Cohen et al., 2023). Recognizing the intricate interplay between physician turnover, burnout, and their collective impact on healthcare stability underscores the need for comprehensive strategies. As the healthcare industry grapples with these challenges, a pivotal focus on onboarding practices emerges as a proactive response to cultivate a resilient and well-supported workforce (Cohen et al., 2023).

Organizational Microsystems Assessment

A primary care medical clinic in southwest Montana determined the need for an onboarding enhancement project. The leadership determined that the current onboarding program needed updating in response to various compelling factors. The leadership became aware of feedback from newly hired staff about confusion and uncertainty regarding the clinic's workflow processes. New staff expressed dissatisfaction with not knowing how to effectively navigate the referral process into patient care and the overall onboarding process. Furthermore, with two providers retiring, one provider leaving due to burnout-like symptoms, and two more

providers scheduled to depart, the impending hiring of new clinicians to fill these positions necessitated an onboarding process that addressed the provider's concerns and met with best practices in onboarding. The urgency is further emphasized by the fact that burnout significantly impacts the quality of patient care and leads to attrition, thus demanding immediate attention. Nationally, the physician turnover rate reached 7.6% in 2018 (Bond, 2023).

In contrast, the project site experienced a considerably higher turnover rate of 12% over the previous two years. Data from sources such as Press Ganey further illuminate the challenges faced in this realm. The project sites Press Ganey data indicated areas of concern, showing declining scores in domains such as "I get the training I need to do a good job," "I have confidence in the executive team's leadership," and "My job makes good use of my skills and abilities." The leadership recognized the discrepancies and highlighted the need to address the onboarding process and support healthcare providers effectively.

The clinic provides to a diverse patient population ranging from 18 years to end-of-life. The clinic's patient mix includes individuals covered by Medicare, Medicaid, and private insurance. The clinic boasts an impressive size, serving 16,934 patients in the previous year, with over 32,000 visit encounters. Staffing comprises 16 general health care providers, 10 geriatric providers, and two palliative care specialists, including medical doctors, physician assistants, and nurse practitioners. The most common diagnoses providers manage at the clinic site include hypertension, gastrointestinal esophageal reflux disease (GERD), hyperlipidemia, depression, and osteoarthritis.

The staffing structure includes various provider part-time and full-time equivalences (FTEs), the number of workdays per provider determines the nurse staffing, and clerical

personnel required for daily tasks. Leadership is essential, with each clinic site being led by a 25% leadership component, allowing for a full-time Operations Manager FTE for all three physical clinic sites. The clinic operates across three physical sites and is affiliated with a regional medical center offering inpatient and outpatient services. A wide array of medical specialties, including endocrinology, general surgery, cardiology, OB/GYN, family medicine, urology, audiology, vein care, ear, nose, and throat (ENT) services, is available within the healthcare system.

The interdisciplinary team, integral to the onboarding enhancement project, includes a range of stakeholders. Clinic leadership assists in the onboarding process through in-person support of the new employee, operations management who becomes the new employee's liaison in all things work-related, including scheduling and productivity, fellow providers, nursing staff that assist in patient care and workflows, clerical personnel, nurse navigators, informatics and EHR teams, mentors, and human resources (HR) collectively collaborate to streamline onboarding and provide enhanced support for new healthcare providers. The need for a coordinated effort stems from the necessity to improve the onboarding process while aiming to improve patient care outcomes and ensure the well-being of both providers and patients.

Quality Improvement Model

Quality improvement is a crucial process within organizations to enhance processes and outcomes. A structured framework is integral to this pursuit, providing a systematic and practical approach to identify, address, and sustain positive changes, ensuring a continual evolution towards excellence. The Institute for Healthcare Improvement's (IHI) Model for Improvement serves as a well-established framework designed explicitly for achieving change and

improvement in healthcare. The model for improvement offers organizations a systematic approach to address challenges and enhance processes (Institute for Healthcare Improvement, n.d.). In the context of this project, the IHI Model plays a crucial role in reshaping the clinic's onboarding process. A series of strategic interventions, closely aligned with the IHI Model for Improvement principles, has been proposed to address identified onboarding challenges. The Model for Improvement serves as the guiding framework for improving the onboarding process, following a six-step approach.

The first step is "Setting Aims," which involves defining clear and measurable goals for the change initiative. The goals are designed to enhance employee satisfaction, reduce frustrations, enhance familiarity and proficiency with EHR systems during onboarding, and prevent burnout and high turnover among new employees. For instance, the proposed interventions, such as creating comprehensive welcome and arrival packets, structured on-site orientation sessions, and implementing an enhanced mentorship program, are tailored to align with these objectives.

Next is "Selecting Changes," which focuses on selecting and customizing interventions to address the identified challenges within the onboarding process. The carefully designed interventions aim to reduce confusion, enhance clarity by making information and processes more transparent and understandable to new employees, and improve communication. For example, the welcome and arrival packets provide checklists for the orientation session and department-specific materials to reduce anxiety, provide insights into the clinic's culture, and begin the new employee's socialization.

During the "Testing Changes" phase, the IHI Model guides the initial testing of interventions on a limited scale before their implementation across the entire organization. A small-scale test approach parallels the use of pilot programs to assess intervention effectiveness before widespread adoption. For example, the structured on-site orientation session, welcome and arrival packets, and proposed changes to the mentorship program will be tested with one to three employees before it is used for all new employees.

The fourth step, "Measuring Progress," highlights the importance of gathering and analyzing data to evaluate the interventions' effects. Metrics will be evaluated, including employee satisfaction, perception of the usefulness of the packet contents, communication effectiveness, and overall satisfaction with the onboarding process. A data-driven approach ensures that the interventions remain aligned with the project's goals and can adapt to evolving needs.

The "Implementing Changes" step follows a structured implementation approach. The proposed interventions will be introduced thoughtfully, starting with a small-scale pilot and gradually expanding to each newly hired healthcare provider. A controlled implementation approach attempts to ensure that changes can be monitored and adjustments can be made in a controlled manner.

Finally, the "Evaluating" step emphasizes the importance of continuous learning and adaptation. Data collected during the testing and implementation phases will be used to assess the interventions' effectiveness. Any identified shortcomings will be addressed through adjustments based on feedback from interviews with the newly hired employee(s), ensuring that the changes continually align with the project's goals and objectives.

The current onboarding process at the project site involves a collaborative effort between the human resources (HR) department and the operations manager, who collaborate to ensure the completion of essential pre-start tasks, including credentialing. Monthly credentialing meetings encompass discussions on source verification through background checks, Continuing Medical Education (CME) requirements, medical codes, and an assessment of the prospective employee's resume. Payer enrollment can be time-consuming, often taking 90 to 100 days to complete.

After the interview process and signing the offer letter and employment contract, a new employee typically commences work within a 60 to 120-day window. In the background, the Information Technology (IT) team configures the new provider's profile in the organization's systems. Setup of the employee profile grants access to crucial systems like EPIC electronic health records (EHR), network access, and internal systems, including SharePoint and Microsoft Office 365, encompassing email services. On HR onboarding day, new employees are provided access to work email and the internal network, streamlining their communication and connectivity within the organization. On HR onboarding day, the new hire meets with the medical information officer to configure end-user settings, ensuring they have the necessary tools and resources for their roles. During HR onboarding, the EHR segment involves conducting an EPIC test-out to evaluate proficiency and identify the educational modules required to use the EHR system effectively.

Additionally, the new employee engages in separate meetings with medical coders, medical records, and employee health, where they obtain essential documents such as vaccination records, titers, and proof of vaccination, ensuring compliance with health and safety requirements. The onboarding process includes two days of organization-wide onboarding to

ensure compliance, safety, inclusion and diversity, medical health benefits, and other job-related benefits. A comprehensive approach ensures that new employees are well-equipped and informed about their organizational roles.

New employees proceed with clinic-specific onboarding after completing the provider-specific and organization-wide onboarding. The clinic-specific phase involves a one-on-one meeting with the operations manager. During this meeting, the operations manager reviews the on-call schedule, introduces the hybrid schedule that will be in place for the first four weeks, discusses the new employee's preferences for workdays, provides training on the scheduling system, and identifies any known vacation days the new employee may need in the upcoming calendar year. The hybrid schedule involves shadowing another provider in the morning and attending to four patients in the afternoon during the initial days. Subsequently, a 40-minute appointment is followed by 40 minutes for charting and addressing questions. Each new hire receives an assigned mentor, with the mentorship arrangement adapting to individual needs and experience. The initial site visit with the clinic operations manager also encompasses a clinic tour, an introduction to office spaces and exam rooms, and assistance logging into the work computer. Essential tools like Imprivata and Dragon speech recognition undergo verification during the new hire's office computer orientation.

In response to historical issues and concerns, leadership identified that new employees expressed displeasure about not knowing referral workflows. A needs assessment and interviews with the newest providers were conducted on two occasions, October 11 and 16, 2023, and revealed significant gaps in communication and information during the onboarding process. Issues included extended periods of uncertainty between the offer letter signing and the start

date, limited communication, uncertainty about the physical work location, a lack of access to work email or organization emails, an absence of an official process to connect with mentors, and difficulties with clinic-specific services and referral workflows.

To address these challenges, the onboarding process improvement aims to enhance employee satisfaction, minimize frustrations, prevent burnout, and decrease new employee turnover. Key focus areas include streamlining workflows, improving communication and information sharing, and providing new hires with the tools and support required for seamless integration into their roles. Improvements in onboarding strengthen patient safety, staff expertise, and cost-effectiveness, ultimately improving employee retention and the clinic's success (Baldwin, 2016; Erickson et al., 2023; Patel & Mohanty, 2023).

A proposed set of strategic interventions aims to significantly enhance the onboarding experience for new employees. Thoughtfully designed interventions address various critical aspects of onboarding, primarily focusing on ensuring that new hires experience a warm welcome and possess all the essential tools and resources for a seamless transition into their roles. One central intervention revolves around creating comprehensive welcome and arrival packets, serving as invaluable communication resources for new employees. The welcome packet will contain a detailed checklist, mentor vitae and contact information, leadership bios, and a welcome letter detailing the clinic and what to expect at the in-person orientation session. The welcome packet plays a vital role in reducing confusion and anxiety, fostering clarity, and instilling a sense of belonging from day one. Furthermore, the packets promote effective communication, ensuring new hires feel valued and supported.

The arrival packet is a valuable resource to facilitate a smooth onboarding experience for new employees. The packet includes newly created tips and tricks that focus on common clinic workflows, especially those related to referrals and criteria on which patients qualify for specialty services, such as the nurse hypertension clinic. The materials are carefully planned to provide new hires with essential insights into the processes and requirements for clinic-specific services. Additionally, the arrival packet features a community referral directory and a list of the most used SMARTtexts within the EHR system. SMARTtexts are instrumental in improving efficiency during charting, especially during the early days of employment when familiarity with the EHR system is still developing. By offering tips and tricks on SMARTtext usage and the directory of community resources, the arrival packet equips new employees with the tools to navigate the EHR system more effectively, enhancing their ability to document patient information accurately and efficiently. Including a directory of the most used SMARTtexts not only aids in ensuring a seamless transition but also contributes to providing high-quality patient care from the outset of their employment.

In addition to these welcome and arrival packets, another critical intervention involves implementing a structured on-site orientation session using a checklist to guide the agenda. An on-site orientation session is a cornerstone of effective onboarding, providing new employees with a comprehensive overview of the clinic's workspace, accessing the on-call scheduling program, and how this program is used for clinic-specific tasks like time off requests. Structured orientation activities prove highly advantageous for new hires, helping them acquire essential information, reducing confusion, and enhancing clarity. Additionally, they provide a platform for valuable engagement and collaboration among team members.

Enhancing new employee engagement involves implementing a mentorship program featuring structured introductions and meetings. A mentor program is pivotal in enhancing the onboarding experience, equipping healthcare providers with the necessary knowledge and tools for their roles, providing guidance support, and addressing the learning curve, ultimately fostering a sense of belonging within the clinic. The mentorship program is expected to enhance usability, alleviate stress, and enhance overall efficiency, creating a positive and productive onboarding experience while establishing valuable connections.

The current onboarding process at the organizational level exemplifies a well-established workflow in collaboration between the HR department and the operations manager. The organizational onboarding process ensures that essential pre-start tasks, such as credentialing and compliance with medical standards, are completed. The existing structure demonstrates a commitment to patient safety, staff expertise, and cost-effectiveness. However, there are significant challenges to onboarding at the clinic. Clinic issues are related to efficiency, effective communication, and ensuring new employees feel supported and informed within the clinic environment. Each of these thoughtfully crafted interventions is tailored to address specific challenges in the onboarding process, with a clear objective of improving communication, reducing anxiety, and enhancing overall employee satisfaction.

Specific Aims

The quality improvement initiative aims to enhance the onboarding process for new employees in the healthcare clinic. The initiative aims to improve the overall experience of new hires and ultimately contribute to better patient care, staff satisfaction, organizational efficiency, and a reduction in provider burnout. The goal is to achieve this by implementing a series of

strategic interventions designed to address identified challenges, such as gaps in communication, unfamiliarity with workflows, and the need for a structured mentor program. The logic model presented in Appendix D outlines the project's overarching objectives, illustrating a sequential progression of tasks to implement onboarding improvements.

The onboarding project established a set of SMART goals to enhance its onboarding process for newly hired healthcare providers. SMART goals are strategically divided into short-term, midrange, and long-term objectives, each with specific components and data collection plans to measure their success. Short-term goal (SMART Goals #1-#4) objectives are designed to be accomplished by December 31, 2023. The operations manager will mail the welcome packet and review the arrival packet during the onsite clinic orientation session to ensure that the new employee is well-informed. The organization aims to create a comprehensive welcome and arrival packet that exceeds the new hire's expectations and enhances their onboarding experience. The effectiveness of the welcome and arrival packets will be assessed through interviews conducted with new healthcare providers within their first week and first month of employment. The interviews will focus on specific components of the packets, such as welcome letters, mentor information, and the checklist outlining expectations for the first orientation session. Additionally, the usefulness of the referral directory, list of SMARTtexts, and information on specialty referral processes will be evaluated. Data collection will be conducted through interviews with the new medical provider(s). The results from these assessments will then inform updates made to the packets during the "study" phase of the PDSA cycle.

The goals (SMART Goals #5-#6) are midrange goals that target completion by March 15, 2024. The project plans to conduct interviews to gather insights on the usefulness of the welcome

and arrival packet contents. If interviews cannot be scheduled within two weeks, follow-up emails will be sent to encourage participation. The interviews will be critical for understanding the beneficial changes made to the onboarding process and continuously improving over the long term.

Goal (SMART Goal #7) represents a long-term goal that extends indefinitely. The organization commits to continuously maintaining, updating, and incorporating onboarding packets as a core element of the clinical site onboarding program. Ongoing cycles of the PDSA cycle, guided by interview results, will ensure that the packets remain relevant and effective in the onboarding process, solidifying their place as a fundamental component of the program's success. See Appendix A for smart goals.

Methods

Intervention and Implementation

A set of onboarding interventions has been proposed to enhance the onboarding experience for newly hired healthcare providers at the primary healthcare clinic. The program includes elements such as a welcome packet, an arrival packet, a SmartTexts directory, a referral directory, and a structured orientation session. The welcome packet provides essential information about the clinic and introduces the mentorship program, while the arrival packet focuses on the clinic's EHR system and workflows. The SmartTexts list offers a carefully selected list of the most accessed and beneficial EHR SmartTexts, and in-person training on the EHR will occur post-clinic orientation approximately 30 days into employment. The enhanced onboarding program intends to interview new hires to gauge their perceptions of the utility of program elements and overall satisfaction with the elements within the packets. The primary

objectives are to enhance the onboarding experience for new healthcare providers, foster their productivity and success within the clinic team, and elevate the quality of patient care through EHR tools and clinic workflows.

The proposed practice change introduces a comprehensive onboarding program, incorporating elements of early communication, structured orientation, and ongoing support and mentorship. The rationale behind this change is to create an onboarding process that instills support and preparation in new healthcare providers, aiming to enhance job satisfaction and the quality of patient care. The planned strategies encompass distributing welcome and arrival packets for early communication, conducting a structured clinic orientation, and assigning mentors for ongoing support and mentorship. See Appendix B for the project timeline.

Implementation roles and responsibilities are distributed among the project team members. The project coordinator leads the development of welcome and arrival packets, the creation of the SmartText Directory, and the creation of a referral directory. Additionally, the project coordinator is responsible for data collection and analysis to ensure the completeness and accuracy of the collected data. The operations manager is responsible for implementing the new onboarding enhancements, including mailing the welcome packet and scheduling and conducting essential activities such as clinic orientation sessions where the arrival packet is distributed for new hires. The operations manager serves as the liaison to the project coordinator to identify which packet contents need to be created and which are already available at the clinic. The HR manager assumes the role of leading the HR orientation, focusing on administrative and HR-related matters. Additionally, mentors whom the operations manager designates offer guidance

and support to newly hired healthcare providers, aiding them in transitioning into their roles and providing ongoing assistance as needed throughout the onboarding process.

The project timelines encompass early communication in the first week of hire, the structured orientation program in the first week on-site, and ongoing support and mentorship. The budget includes \$5.00 for postage for welcome packets and a \$20.00 allocation for a welcome gift. Various clinic resources, process flows, and documentation aids are incorporated into the plan to ensure successful implementation. Data and findings will remain confidential, with the project coordinator sharing the data exclusively with the project's leadership team, which includes the operations manager and two clinic provider leaders.

Anticipated barriers and challenges may arise during the implementation of this comprehensive onboarding program. Challenges include securing adequate funding for the program, obtaining staff buy-in and cooperation, and ensuring newly hired healthcare providers have sufficient time to complete the program alongside their regular duties and no new employee to test the onboarding program during the testing timeline. To address these challenges, strategic measures will be implemented. Measures involve seeking funding from the clinic administration and developing a cost-effective onboarding program that leverages existing resources. The operations manager will lead onboarding program implementation, ensuring newly hired employees' engagement and cooperation. The project coordinator will support the operations manager in assembling packets, preparing packet contents, addressing identified areas of need, and developing the proposed interventions to implement the program effectively. Onboarding activities will be scheduled during the work hours of new hires to accommodate their busy schedules, and they will be compensated for their time. The onboarding process will be

optimized by breaking it into smaller, more manageable tasks. Combined efforts will help overcome potential obstacles and lead to a successful onboarding program.

Regarding funding, existing organization resources and pre-allocated welcome gifts will be utilized, reducing the financial burden. Leadership buy-in will be cultivated through educational efforts, demonstrating that the onboarding program benefits in enhanced productivity and success for new hires. Allocating time within new hires' workdays for program completion will ensure they can effectively balance their responsibilities. If new employees are unavailable during the project timeline, pilot testing will be conducted with a subset of employees hired within the previous year who are willing to participate. Pilot testing can help to test the packet contents; however, the structured onboarding session and additional session with the medical information officer will not be tested.

The onboarding project initially aimed to use existing survey tools. However, due to the unavailability of free, reliable, and validated survey tools, interviews will be conducted using the interview tools to guide questioning and gather crucial feedback on the welcome and arrival packets. See Appendix C for interview tools. The questions focused on various aspects, including use, content, timing, perceived helpfulness, communication, and the effectiveness of educational tools in the packets to enhance efficiency and documentation. The interviews are intended to gain a deep understanding of new employees' experiences, ensuring their feedback is heard, and the onboarding process is continuously improved. The interview results will inform recommendations for changes in packet contents or overall utilization in the 'study' phase of the PDSA cycle.

Evaluation and Analysis

The evaluation and analysis phase of the interventions will involve a thorough assessment of processes and outcomes. Assessments will occur at specific intervals after distributing the welcome and arrival packets. The evaluation will be conducted through qualitative interviews, where interviewers will meet in person with respondents. The project coordinator will collect the data and interview the program participant(s). A hands-on approach ensures that all relevant data is collected promptly and accurately.

The collected data will undergo a comprehensive qualitative analysis. The analysis process involves systematically categorizing responses to open-ended questions to identify recurring themes or patterns. Each interview question will be carefully analyzed to gain insights into participants' perspectives and areas for improvement. A multifaceted analysis approach will provide valuable insights into the intervention's impact on the onboarding process for newly hired healthcare providers in the primary care clinic.

Safety and Confidentiality

Data confidentiality and security are top priorities in this project. Participants' onboarding experiences will be gathered through in-person face-to-face interviews between newly hired medical professionals and the project coordinator. Ensuring the security of this data is paramount. The interview results will be de-identified and categorized as participant number one and so forth, depending on the number of new employees hired during the project's timeline. No perceived risks are associated with new employees' participation in the onboarding program, and no site-specific Institutional Review Board (IRB) approval is necessary beyond Montana State University's IRB.

The data mainly consists of interview results, offering insights into providers' experiences and assessments of the onboarding program's usefulness. Data is directly collected from participants through in-person interviews conducted by the project coordinator, who will then maintain the confidentiality of the data. The interview data does not include personally identifiable information (PII) or protected health information (PHI), safeguarding participants' privacy and rights. Additionally, it is essential to clarify that no health records containing PHI will be taken from the clinic as part of this project.

Upon the project's conclusion and data analysis, the completed de-identified interview data will be generalized for the project site's leadership team and used to inform improvements in the clinic's onboarding process. Deidentifying the data ensures data security and enables ongoing enhancement of the onboarding program. By leveraging interview data, the project team can continually identify areas for improvement and refine the onboarding process, contributing to its effectiveness and success.

CHAPTER THREE

QUALITY IMPROVEMENT MANUSCRIPT

Contribution of Authors and Co-Authors

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Abstract

Statement of Problem: The healthcare industry grapples with escalating costs, an aging population, burnout, workforce shortages, technological advances, regulatory shifts, disparities, workplace trends, and patient safety. Leaders strive to improve patient safety, population health, the patient experience, and healthcare costs per capita through initiatives such as "To Err Is Human" and "The Triple Aim." Burnout among healthcare providers, worsened by efficiency and cost-cutting efforts, impacts well-being, patient care, and workforce stability. Effective onboarding processes are vital in addressing burnout, reducing turnover, improving patient outcomes, enhancing safety, and organizational success. The quality improvement project seeks to enhance healthcare provider onboarding through interventions focused on communication, electronic health record (EHR) resources, mentorship, and structured orientation. The goal is to improve integration into clinic culture, reduce burnout, and enhance retention.

Methods: A qualitative approach, including interviews, was used to analyze the intervention's impact. In-person interviews with new employees provided insights into their experiences and perceptions of the onboarding process. Data analysis identified themes.

Results: Interviews revealed key themes such as clear communication, accessible information, mentorship, structured feedback, comprehensive training, and leadership support. Differences between interviews held after one week and one month included challenges in finding information, navigating the EHR, and adapting to the new environment. Participants discussed arrival packet content, usefulness, and suggestions for improvement.

Conclusions: Interventions have enhanced onboarding, aligning with effective practices. Future work will focus on refining interventions and evaluating the long-term impact on reducing burnout and improving retention.

Keywords: Onboarding, healthcare providers, communication, mentorship, training, retention, burnout.

Introduction

Clinical Problem

The healthcare industry faces numerous challenges, including escalating costs, access concerns, an aging population, burnout among healthcare professionals, workforce shortages, and rapid technological advancements (Patel & Mohanty, 2023; Shanafelt et al., 2012). The crisis-level prevalence of burnout within the US health workforce is particularly concerning, significantly impacting physicians and primary care settings (Lall et al., 2019; The US Surgeon General Issues Advisory for Healthcare Worker Burnout, 2022). The high prevalence of burnout contributes significantly to high turnover rates, resulting in a loss of medical knowledge, decreased patient trust, and compromised healthcare quality (Bond et al., 2023; Willard-Grace et al., 2019).

The imperative to comprehensively address burnout is underscored by its detrimental effects, including delays in care, decreased quality, and increased medical errors, particularly affecting marginalized groups (Dyrbye, 2017; Kearney et al., 2020; Shanafelt et al., 2002). Healthcare organizations increasingly recognize the need for proactive strategies, such as effective onboarding practices, to improve retention rates and mitigate turnover (Cohen et al., 2023). In the local context of primary healthcare clinics, challenges in provider onboarding are exacerbated by limited resources, geographical distances, and a scarcity of healthcare professionals (Cohen et al., 2023). Therefore, targeted interventions to enhance satisfaction, reduce frustration, prevent burnout, and decrease turnover among new healthcare providers are crucial in addressing these challenges.

Burnout is a widespread phenomenon that significantly contributes to high turnover rates, resulting in a loss of medical knowledge, decreased patient trust, and compromised healthcare quality (Bond et al., 2023; Willard-Grace et al., 2019). Burnout among healthcare professionals, compounded by systemic challenges, necessitates comprehensive and proactive strategies to improve retention rates and ensure high-quality patient care. Effective onboarding practices emerge as a critical solution to mitigate the impacts of burnout and turnover, particularly in local healthcare settings facing unique challenges.

Review of the Literature

Employee onboarding is crucial for workforce integration and organizational effectiveness, promoting provider well-being and ensuring quality care (Frögéli et al., 2023; Morgan et al., 2020). Well-structured onboarding programs effectively integrate new employees into their roles and establish a foundation for their ongoing journey within the organization (Chaney et al., 2021; Frögéli et al., 2023; Robeano et al., 2019). Onboarding programs educate providers to offer the best care, reduce errors, improve documentation, and enhance overall care quality (Morgan et al., 2020). Additionally, onboarding assists new clinicians in aligning with the organization's core values, emphasizing quality, patient experience, and appropriate billing practices, fostering a shared understanding among all staff members (Morgan et al., 2020).

The literature highlights onboarding's significance in today's work environments beyond employee performance and satisfaction. Onboarding eases transitions, fosters confidence, and provides growth opportunities (Chreiman et al., 2017; De Vries et al., 2023; Grek et al., 2022; Ortiz Pate et al., 2023; Robeano et al., 2019). Structured onboarding influences organizational culture, emphasizes clear communication, strategies for enhancing engagement, and the critical

role of mentorship and leadership support (Erickson et al., 2023; Kurnat-Thoma et al., 2017; Langley et al., 2018; Ortiz Pate et al., 2023; Robeano et al., 2019). Employees value onboarding programs focusing on building connections and internal networks, recognizing them as more valuable (Meyer, 2016). Furthermore, onboarding programs address ‘transition gaps’ in clinical knowledge and competencies new-hire medical providers may have, bridging the divide between their previous roles or education and the expected level of practice within the organization (Morgan et al., 2020).

The burden associated with Electronic Health Records (EHR) is part of the research emphasis on reducing burnout, which often leads to turnover among healthcare providers (Bond et al., 2023; Willard-Grace et al., 2019). Dillon et al. (2020) emphasized the importance of reducing EHR workload to prevent burnout among healthcare providers, highlighting the need for efficient EHR usage. Similarly, Dymek et al. (2021) emphasized the importance of organizational strategies, such as training and workflow optimization, to effectively manage and reduce the burden associated with EHR systems. When integrated into onboarding programs, these strategies can help new clinicians navigate the complexities of EHR systems and reduce the risk of burnout, ultimately improving the quality of care and provider satisfaction (Sanchez et al., 2020).

Conceptual Framework for Onboarding

This quality improvement (QI) project aims to enhance the onboarding process for healthcare providers, adopting the Institute for Healthcare Improvement (IHI) Model for Improvement, which emphasizes continuous improvement and aligns with onboarding's dynamic nature (Institute for Healthcare Improvement, n.d.). The Model for Improvement framework has

been instrumental in pinpointing specific areas for improvement within the onboarding process, such as early and effective communication, improving the mentorship program by introducing mentors early to new hires, reducing EHR burden with a comprehensive referral guide and list of commonly used SMART phrases for timely charting, and providing essential resources within the organization's SharePoint. The cyclical nature of the Plan-Do-Study-Act (PDSA) cycle within the Model for Improvement framework allows for modifications based on feedback and data analysis, ensuring that the interventions are effective and sustainable (Institute for Healthcare Improvement, n.d.). The PDSA cycle within the Model for Improvement facilitates ongoing assessment, refinement, and enhancements in the onboarding process, reflecting a commitment to continuous improvement and a culture of learning within the organization (Institute for Healthcare Improvement, n.d.).

Project Aims: Enhance an Onboarding Program

The Quality Improvement (QI) project aims to enhance the onboarding process for healthcare providers within a local healthcare setting. The project seeks to improve new employee integration and organizational effectiveness by implementing evidence-based strategies guided by the literature. The augmented program elements include enhancing early and effective communication strategies, strengthening the mentorship program through early mentor introduction, intentionally structured onboarding, and reducing the burden associated with Electronic Health Records (EHR). The interventions are designed to address challenges related to burnout and turnover and align with current best practices, ultimately improving retention rates, enhancing satisfaction, and ensuring high-quality patient care within the healthcare organization.

Methods

Context

The onboarding project is situated in a primary care clinic located in Southwest Montana, employing 26 providers specializing in managing chronic, severe, and complex illnesses among adult and elderly patients. The clinic serves a diverse demographic from 18 years old to end-of-life, reflecting the local community's composition. Key stakeholders involved in the onboarding process include an operations manager dedicated to clinic-specific onboarding and clinic provider leadership. Stakeholder collaboration is facilitated through regular meetings and effective email communication channels. The organizational culture prioritizes patient-centeredness, compassion, community focus, continuous improvement, collaboration, and teamwork. The project aims to enhance early and effective communication, the mentorship program, and reduce the EHR burden, guided by best practices in the literature.

Intervention

The interventions for the onboarding project include new components, including welcome and arrival packets, alongside enhancements to the existing onsite orientation session. The welcome packet features a personalized welcome letter, a message from the mentor, detailed bios of clinic leadership, and a checklist outlining expectations and essentials for the first meeting. The welcome packet is sent to the new employee via the United States Postal Service (USPS). The new employee will not have an organization-specific email until they attend the organization's general "hospital orientation" within one week of hire. The welcome packet's purpose is to facilitate early and effective communication and begin the socialization process of the new employee. The arrival packet includes the following resources: a clinic map, telephone

directory, important resources provided on the organization's SharePoint page, a referral guide for community resources, a guide for how to make a referral to cardiac specialty, a list of commonly used SMARTtexts in Epic, and a calendar of important clinic dates. The structured onsite orientation session familiarizes new providers with the clinic's physical layout, introduces key staff members, and includes a thoughtful gift, such as a personalized Stanley cup placed in their office space, to welcome them.

Measures

Measures for assessing the intervention involve conducting structured in-person interviews with new employee(s) to gain qualitative insights into their experiences, perceptions, and the effectiveness of the interventions. The interview approach used structured questions to ensure consistency across interview(s). Interviews were held at the clinic site to provide participants with a familiar and comfortable setting. The interview approach focused on key aspects such as the value of the welcome and arrival packets and the clarity and helpfulness of the provided information. Interview questions included inquiries about the new employee's use of the packet, suggestions for additional content in the welcome and arrival packets, and suggestions for orientation improvements.

Data collection methods included notetaking during interviews, with participant's verbal consent, to accurately capture responses. Each interview lasted approximately 60 minutes, allowing in-depth exploration of key topics. Data analysis involved descriptive analysis, with the project coordinator independently capturing the themes from the data.

Ethical considerations included obtaining verbal informed consent from the participant(s), ensuring the confidentiality of responses, and protecting participants' privacy

throughout the study. Integrating interview data with other measures, such as observations to record whether the orientation session followed a structured agenda, will provide a comprehensive assessment of the intervention's impact and allow for a more nuanced understanding of the onboarding process and its outcomes.

Analysis

The data obtained from interviews was analyzed using a descriptive analysis, identifying patterns, themes, and meanings within the data to gain insight into the participant's experiences and perceptions. Through this process, the project aims to continuously improve the onboarding process for new providers, ensuring their successful integration into the clinic's culture and workflow.

Results

The interviews analyzed for this project revealed several key aspects related to the onboarding experience of new healthcare providers. Interviews provided valuable insights regarding areas for improvement. Themes included communication and information accessibility, mentorship and support, training and orientation, effectiveness and content of the arrival packet, suggestions for improvement, impact on confidence, preparedness, and organizational perception, and establishing connections and relationships.

Each theme highlighted specific challenges and opportunities within the onboarding process, emphasizing the importance of effective communication, clear training protocols, structured mentorship programs, regular feedback mechanisms, and accessible resources. Insights from the second interview further emphasized the importance of clear communication

channels, accessible information, mentorship, structured feedback mechanisms, comprehensive training, and support from organizational leadership. Additionally, the second interview highlighted the impact of the onboarding process on the participants' confidence and preparedness and their perception of the clinic's commitment to their success and integration. Overall, the results of the interviews provide valuable insights into the onboarding process for healthcare providers and suggest several areas where improvements can be made to enhance the experience for new employees.

Interview Themes

Communication and Information Accessibility

The interview revealed that effective communication is fundamental to navigating the clinic's processes and efficiently accessing essential resources for the new healthcare provider. The participant spoke about challenges such as not knowing how to call out sick or vacation requests, confusion about accessing SharePoint links, and the desire for clinic-specific extension phone numbers in the arrival packet. Improving communication channels and ensuring the information is readily accessible can enhance the onboarding experience, reduce frustration, and promote a smoother transition into the new role (Frögéli et al., 2023).

Mentorship and Support

The mentor program is critical to guiding new providers through the onboarding process. The new employee's relationship with their mentor, who signed off on their charts, was described as “perfect” during the second interview. The new provider reported that their ease of transition was likely due to their extensive 20 years of experience as a provider. However, it is essential to

note that the new employee did not receive the welcome packet intended to enhance early communication and introduce the mentor by providing the mentor's bio. Despite this, the participant expressed confidence in the assigned mentor, suggesting that this role was more than sufficient for their needs; they also emphasized the importance of having a structured mentorship program for new graduate providers, indicating a potential gap in formalized mentorship processes for this group. Early mentor introduction and structured mentorship activities, such as shadowing, didactic content delivery, and competency assessment, support new hires' transition and development (Anglin et al., 2021; Frögéli et al., 2023; Hills, 2022). Assigning mentors, scheduling non-visit care time for mentorship, and promoting peer and career mentoring are crucial (Hills, 2022; Ortiz Pate et al., 2023). Mentorship programs help new providers navigate roles, build professional identity, and clarify organizational expectations, leading to success and satisfaction (Ortiz Pate et al., 2023).

Training and Orientation

The interviews revealed uncertainties about the frequency of check-ins with the clinic and informatics leadership. Participants desired regular HR check-ins immediately after being hired and an applicant spreadsheet to track onboarding steps and progress, indicating a need for more explicit guidance and support. Additionally, the new provider needed more understanding regarding clinic workflows and staff roles, including patient readiness for provider and appointment scheduling procedures. The findings highlight areas for improvement in the clinic's specific organizational onboarding process.

The new medical provider's desire to shadow various roles and complete mandatory training on the job highlights the value of well-designed training programs for a smooth

transition (Anglin et al., 2021). The feedback gathered from the interviews underscores the need for structured orientation experiences that offer comprehensive insights into the clinic's workflow and culture. A well-thought-out onboarding timeline includes orientation, meetings with leadership, clinic tours, and training on electronic medical records and compliance modules (Anglin et al., 2021; Chaney et al., 2021; Kurnat-Thoma et al., 2017; Robeano et al., 2019). Additionally, the interview revealed a lack of understanding of inbox management, pointing towards the need for more tailored training on clinic-specific systems and tools. Effective orientation programs provide clear expectations and necessary skills through comprehensive programs, though specific program format is less important than ensuring a smooth transition for new professionals (Frögéli et al., 2023).

Regular check-ins, providing valuable feedback, support, and guidance, promote accountability and progress monitoring during onboarding, assisting new providers in understanding expectations, overcoming challenges, and building confidence in their roles (Anglin et al., 2021). A structured and supportive onboarding process can increase job satisfaction, retention rates, and success for new healthcare providers (Cable et al., 2013; Chaney et al., 2021; De Vries et al., 2023; Erickson et al., 2023; Grek et al., 2022; Kurnat-Thoma et al., 2017; Langley et al., 2018; Meyer, 2016; Morgan et al., 2020; Patel & Mohanty, 2023; Shufutinsky & Cox, 2019). Tailoring onboarding to address new providers' needs and experience levels is crucial (Hills, 2022; Ortiz Pate et al., 2023).

Effectiveness and Content of the Arrival Packet

The arrival packet provided new employees a valuable resource, offering a solid foundation for their onboarding experience. The participant particularly appreciated the packet's

assistance in preparing for their new responsibilities and addressing challenges like navigating referral workflows and SmartTexts for charting. The new employee found the packet's content and features, including SharePoint links, meeting calendar/schedule, requirements for specialty referrals, and SmartTexts for borrowing premade phrases, helpful for quickly accessing crucial information. The meeting calendar/schedule was particularly beneficial for communication, highlighting the importance of clear communication channels and scheduling in organizational onboarding for new employees to integrate effectively into their roles. The findings align with literature emphasizing the importance of pre-boarding, communication, and EHR tools in enhancing new employee integration (Hills, 2022).

Suggestions for Improvement

The participant suggested several improvements to the arrival packet, including pictures next to org chart names, a list of required training with due dates and training access instructions, and information on how long specialty consults/referrals are booked out. The new provider's suggestions highlight the importance of including relevant and up-to-date information in onboarding materials to ensure they meet the needs of new employees and facilitate a smooth transition into their new roles (Hills, 2022).

Impact on Confidence, Preparedness, and Organizational Perception

The arrival packet contributed to participants' confidence in navigating referral workflows and other clinic processes. However, their overall sense of preparedness and confidence in their new role could have been significantly improved, suggesting that while the arrival packet was helpful, additional support and resources may be needed to prepare new

employees fully. The participant also felt that in-person leadership interactions were more helpful than the arrival packet regarding feeling supported and integrated into the team. The arrival packet had a limited impact on their perception of the clinic's commitment to its success and integration. While onboarding materials are essential, interpersonal interactions and organizational leadership support are crucial in new employees' integration and overall experience. Organizations should strive to create a supportive and welcoming environment for new employees, complementing onboarding materials with personal interactions to foster a sense of belonging and commitment (Hills, 2022).

Establishing Connections and Relationships

The arrival packet helped participants establish connections by providing information about meeting dates, leadership team names, and bios. However, the participant felt they could rely on the leader in clinic for support. Suggesting that while the arrival packet provided information, additional efforts may be needed to facilitate relationship-building and support among new employees. Organizations could consider incorporating more interactive elements into their onboarding program to encourage networking and relationship-building among new employees.

Discussion

The quality improvement project aimed to improve the onboarding program for new healthcare providers at a primary care clinic. Through in-depth interviews with a single participant, the project examined the effectiveness of newly implemented interventions and identified areas for improvement. While the limited sample size limits generalizability, the

findings provide valuable insights applicable to refining the clinic's onboarding program and aligning with existing literature on effective practices. The perspectives and experiences of additional participants could offer further depth and nuance to the results. Future PDSA cycles with larger sample sizes could provide a more comprehensive understanding of the onboarding process and its impact on new healthcare providers.

The interviews conducted as part of this quality improvement initiative yielded several key findings that are highly relevant to the project's rationale and specific aims. Firstly, the theme of *Communication and Information Accessibility* highlighted the critical role of effective communication in navigating the clinic's processes and accessing essential resources.

Participants expressed challenges such as confusion about sick leave and vacation requests, accessing SharePoint links, and the need for clinic-specific extension phone numbers in the arrival packet. The findings underscore the importance of improving communication channels and ensuring information is readily accessible, aligning with the project's aim to enhance the onboarding process and promote a smoother transition into new roles (Frögéli et al., 2023).

Secondly, the theme of *Mentorship and Support* emphasized the significance of the mentor program in guiding new providers through the onboarding process. While the new employee expressed confidence in their assigned mentor, there were areas for improvement, such as the early introduction of the mentor and structured mentorship activities. The literature supports the effectiveness of mentorship programs in helping new providers navigate their roles and build a professional identity, aligning with the project's goal of enhancing the onboarding experience and supporting new hires' transition and development (Anglin et al., 2021; Frögéli et al., 2023; Hills, 2022).

Thirdly, the theme of *Training and Orientation* highlighted uncertainties about check-ins with clinic and informatics leadership, the need for more explicit guidance and support, and the desire for tailored training on clinic-specific systems and tools. The findings underscore the value of well-designed training programs and effective orientation experiences, aligning with the project's aim to improve the overall experience of new hires and enhance organizational efficiency. Improving communication channels and ensuring that information is readily accessible can enhance the onboarding experience, reduce frustration, and promote a smoother transition into the new role (Frögéli et al., 2023). By ensuring the early introduction of the mentor to the new hire and providing a structured time for mentorship activities, such as meeting/shadowing other professionals, delivering didactic content, and assessing/ensuring competency, organizations can better support new hires in their transition and development (Anglin et al., 2021; Frögéli et al., 2023; Hills, 2022). The literature supports this approach, emphasizing the importance of assigning a mentor, providing scheduled non-visit care time for mentorship activities, and promoting peer and career mentoring (Hills, 2022; Ortiz Pate et al., 2023). Mentorship programs help new providers navigate the complexities of their roles, build professional identity, and clarify their roles within the organization, ultimately contributing to their success and satisfaction in their new positions (Ortiz Pate et al., 2023). A structured and supportive onboarding process can increase job satisfaction, retention rates, and success for new healthcare providers (Cable et al., 2013; Chaney et al., 2021; De Vries et al., 2023; Erickson et al., 2023; Grek et al., 2022; Kurnat-Thoma et al., 2017; Langley et al., 2018; Meyer, 2016; Morgan et al., 2020; Patel & Mohanty, 2023; Shufutinsky & Cox, 2019). Tailoring onboarding to address new providers' needs and experience levels is crucial (Hills, 2022; Ortiz Pate et al.,

2023). The findings align with the literature emphasizing the importance of pre-boarding, communication, and EHR tools in enhancing new employee integration (Hills, 2022). However, the new employee's overall sense of preparedness and confidence in their new role could have been significantly improved, suggesting that while the arrival packet was helpful, additional support and resources may be needed to prepare new employees fully. While onboarding materials are essential, interpersonal interactions and organizational leadership support are crucial in new employees' integration and overall experience (Erickson et al., 2023; Kurnat-Thoma et al., 2017; Langley et al., 2018; Ortiz Pate et al., 2023; Robeano et al., 2019). Organizations should strive to create a supportive and welcoming environment for new employees, complementing onboarding materials with personal interactions to foster a sense of belonging and commitment.

Limitations

While the single-participant design does present limitations in terms of generalizability, the project's findings hold significant potential for positively impacting the participating clinic. By implementing the recommendations outlined, such as enhancing the arrival packet and facilitating earlier leadership interaction, the clinic can enhance new providers' confidence, reduce onboarding anxieties, and cultivate a more welcoming environment. Ultimately, these improvements can enhance staff retention and foster a more positive work environment for all clinic personnel.

However, it is essential to acknowledge that the single-participant design is a significant limitation. The findings may only partially capture the experiences of other new hires or directly apply to other healthcare settings. Moreover, social desirability bias may have influenced the

participant's responses. Future project iterations could benefit from a larger and more diverse sample size to address these limitations. Additionally, employing mixed methods approaches that combine interviews with surveys could provide a more comprehensive understanding of new provider experiences.

Recommendations

Based on the identified themes and relevant literature, several recommendations are proposed to enhance the onboarding program for healthcare providers. First, the welcome packet should be distributed with improvements, including a detailed checklist and agenda with times for the clinic orientation session and what to expect at the first meeting. To ensure that new employees receive the welcome packet, the organization should find a way, either through mail even certified mail or email, to deliver it. Ensuring delivery may involve working with the informatics department to allow for internal email to be utilized as soon as the new employee has been officially hired, safeguarding timely and effective communication of the essential onboarding materials.

The arrival packet should include a comprehensive guide on referral processes and specific requirements for all specialties. Place pictures with names on the organizational chart to facilitate staff identification. Furthermore, training access instructions should be provided, including a list of required training with due dates and the email address from which the training originates. Outlining the specific email is important as the email address is often from a third-party company and may appear suspicious for a new employee from a cybersecurity standpoint.

To create a more integrated onboarding experience, a review session with the operations manager should be scheduled on the first day of the on-site clinic tour to review the arrival

packet. Additionally, crucial personnel like coders and shadowing opportunities with nursing and clerical staff should be provided within the first week of hire. Additional sessions with the Chief Medical Information Officer should be facilitated within the first 30 days, especially for those new to the facility's EHR.

A tailored onboarding approach is also suggested, involving the development of a tiered onboarding program to address the specific needs of different provider groups, such as new graduates and experienced professionals.

Looking ahead, a comprehensive onboarding program should include several essential elements. Pre-boarding activities should consist of sending welcome materials, outlining expectations, introducing a mentor, and sharing an agenda and an onboarding checklist for the first day at the clinic. A comprehensive onboarding program includes a detailed onboarding schedule for the first week in the clinic. The comprehensive onboarding program will start with an orientation session with the operations manager, followed by a review of the enhanced arrival packet, introductions to key personnel, dedicated time for completing training, shadowing sessions with key clinic personnel, and a scheduled meeting with a coder. Ensuring on-site leadership is available to meet with new employees on their first day in the clinic when they start seeing patients is crucial for providing the necessary support from day one. While the new employee(s) currently have on-site leadership support under the current onboarding program, having this support available on their first day is especially important.

The recommendations stemming from the interview with the new medical provider are geared toward enhancing the existing onboarding program. The enhancements aim to create a

more comprehensive approach that fosters the integration and success of new healthcare providers.

Conclusion

The healthcare industry faces numerous challenges, including rising costs, access issues, an aging population, and burnout among healthcare professionals (Patel & Mohanty, 2023; Shanafelt et al., 2012). Burnout is particularly prevalent in the US health workforce, significantly affecting physicians and primary care settings. Crisis-level burnout contributes to high turnover rates, leading to a loss of medical knowledge, decreased patient trust, and compromised healthcare quality (The US Surgeon General's Advisory on Building a Thriving Health Workforce, 2022; Willard-Grace et al., 2019).

To address these challenges, comprehensively tackling burnout through proactive strategies, such as effective onboarding practices, is imperative. Effective onboarding programs are crucial for integrating new employees, establishing a foundation for their ongoing journey within the organization, and ensuring high-quality patient care (Frögéli et al., 2023; Morgan et al., 2020).

The onboarding project aimed to enhance the onboarding process for healthcare providers within a local healthcare setting by implementing evidence-based strategies guided by the literature. The interventions included enhancing early and effective communication strategies, strengthening the mentorship program through early mentor introduction, providing structured onboarding, and reducing the burden associated with Electronic Health Records (EHR).

Structured in-person interviews with new employees identified several key themes related to the onboarding experience. The themes emphasized the importance of effective

communication, clear training protocols, structured mentorship programs, regular feedback mechanisms, and accessible resources. The findings suggest recommendations to enhance the onboarding program, such as improving the welcome packet with a detailed agenda and providing comprehensive guides on referral processes and specialty requirements.

Implementing these recommendations will improve patient care, staff satisfaction, and organizational efficiency. By enhancing new providers' confidence, reducing onboarding anxieties, and cultivating a welcoming environment, the clinic can improve the overall onboarding experience and outcomes for all stakeholders involved.

CHAPTER FOUR

ADVANCED NURSING ESSENTIALS REFLECTION

Introduction

Embarking on the journey towards earning my Doctor of Nursing Practice (DNP) has been a rewarding yet challenging odyssey. The DNP program has spanned nearly four years of intensive academic and clinical immersion. As I reflect on my educational journey, I am reminded of the framework provided by the American Association of Colleges of Nursing (AACN) in their Essentials: Core Competencies for Professional Nursing Education. The AACN framework outlines the competencies for professional nursing practice, including accountability, perspective, collaborative disposition, and demeanor (AACN, 2021). The AACN competencies have been instrumental in shaping my understanding of what it means to be an advanced nurse practitioner. By aligning my experiences with the competencies outlined in the Essentials, I have deepened my knowledge of nursing practice and further developed my professional identity.

One particularly poignant moment occurred during my clinical rotation in a substance use disorder clinic. A patient who had struggled with illicit substances and spent most of his adult life in prison took a leap of faith and came to get medication-assisted treatment for his opioid use disorder. He shared about his journey and, at that moment, was completely vulnerable; his raw honesty left a lasting impression on me. Experiences like this have solidified my passion for serving the vulnerable and the importance of providing compassionate care. My understanding of the formation and cultivation of a sustainable professional identity, including accountability,

perspective, collaborative disposition, and demeanor, that reflects nursing's characteristics and values was reinforced by this experience (AACN, 2021).

Throughout this transformative journey, I have also had the privilege of collaborating with fellow students in group work. Working alongside my classmates on a project to improve, for example, the use of combination medication to enhance medication adherence for hypertensive patients, reinforced the importance of teamwork and collaboration. A deep commitment to be involved in healthcare policy has been instilled in me, thanks to these experiences and the vast knowledge gained from the DNP program.

Paulo Coelho once wrote in *The Alchemist*, "If a person is living out his Personal Legend, he knows everything he needs to know. There is only one thing that makes a dream impossible to achieve: the fear of failure" (p. 141). Overcoming fear to chase dreams aligns perfectly with my journey. Overcoming underscores embracing challenges as stepping stones to achieving my goals.

Moreover, the impact of my Doctor of Nursing Practice (DNP) program on my future as a doctoral-prepared nurse practitioner highlights the principles of resilience, well-being, expertise, and servant leadership. Embarking on a transformative journey, culminating in implementing a Quality Improvement (QI) project, has shaped these principles and prepared me for a leadership role in healthcare. My personal reflection delves into my educational journey, offering insights into its profound impact on my professional identity as a family nurse practitioner student and my emergence as a leader in the healthcare field.

Domain 2: Person-Centered Care

During a recent patient encounter, I witnessed the profound impact of person-centered care. A person-centered approach, foundational to nursing practice, emphasizes holistic, individualized, and compassionate care that respects the individual's values and preferences. In this case, the patient, diagnosed with dementia, expressed her readiness for hospice care, revealing a complex emotional landscape. By actively listening to her concerns and employing open-ended questions, I facilitated a collaborative discussion about her end-of-life care options. Through collaboration with the interprofessional team, we developed a comprehensive plan of care that prioritized the patient's comfort and quality of life. The care included addressing her pain management and providing emotional support for herself and her family. By facilitating communication between the assisted living staff and the hospice team, we ensured a smooth transition to hospice care.

The experience underscored the critical role of advanced practice nurses in promoting person-centered care, especially for vulnerable patients facing complex health challenges. By respecting the individual's values, preferences, and needs, nurses can empower patients to make informed decisions about their care (AACN, 2021).

Domain 3: Population Health

Transitioning into Population Health, I profoundly understood how various factors, including social determinants of health, influence health outcomes across populations (AACN, 2021). During a needs assessment survey for the DNP course Vulnerable Populations, I

witnessed firsthand the stark disparities faced by individuals with alcohol use disorders in our community.

One encounter particularly resonated with me. I spoke with a woman facing a multitude of challenges. She struggled with both alcohol and methamphetamine use disorder, and homelessness further compounded her situation. The lack of safe and stable housing forced her to accept shelter with male strangers, putting her safety at risk. Transportation was another significant barrier, making attending crucial healthcare appointments and accessing necessary mental health services difficult.

The experience highlighted the profound impact of social determinants on health and ignited my passion for population-level interventions. Witnessing the effects of these factors—unstable housing, lack of transportation, and limited access to mental health care—highlighted the need for a holistic and collaborative approach to ensuring everyone has a fair shot at achieving well-being (AACN, 2021).

Domain 6: Interprofessional Partnerships

Within the rich tapestry of my DNP journey, the intentional collaboration across professions and stakeholders has provided profound insights. Embarking on this academic journey, the privilege of working closely with patients has been an honor that has significantly shaped my understanding of healthcare. Professors and preceptors played pivotal roles, imparting knowledge and wisdom beyond the classroom, which molded me into a well-rounded nursing professional.

A highlight of my DNP experience was a scholarly onboarding project, where I witnessed the dedication and passion of various stakeholders. The leadership's unwavering commitment to

providing disease-focused care and promoting holistic wellness for their co-workers deeply resonated with me. The project's collaborative efforts, involving care team members, patients, families, and communities, vividly highlighted how intentional collaboration can optimize care, enhance the healthcare experience, and ultimately improve outcomes (AACN, 2021).

My DNP scholarly project journey stresses the importance of interprofessional partnerships, where diverse perspectives unite with a common goal of delivering comprehensive care. The DNP experience has emphasized cultivating relationships across disciplines and engaging stakeholders dedicated to patient welfare (AACN, 2021). Through these collaborations, I have witnessed firsthand how interprofessional partnerships can shape a healthcare environment, prioritizing disease care and individuals' holistic well-being.

Immersing myself in theoretical knowledge and practical experiences highlighted the critical role of effective resource coordination, especially in navigating the demands of academic pursuits and clinical participation demands. Additionally, the intricacies of the referral process emerged as a crucial component of patient care.

Through firsthand experience, especially juggling the demands of academic coursework with hands-on clinical rotations, I have gained a profound appreciation for the intricate teamwork that underpins comprehensive patient care. Observing collaboration among healthcare professionals, educators, and support staff illuminated the multifaceted nature of healthcare delivery.

Domain 8: Informatics and Healthcare Technologies

As emphasized in my Doctor of Nursing Practice program, integrating information and communication technologies in healthcare offers a multifaceted approach to enhancing patient

care and provider well-being. Informatics are fundamental tools used in providing care, gathering data, and shaping decision-making in healthcare (ACNN, 2021). Information and communication technologies (ICT) are vital for expanding knowledge and wisdom in practice, enabling the management and improvement of healthcare services to align with best practices and professional standards (ACNN, 2021).

Throughout my DNP journey, I have appreciated how healthcare professionals, including nurse practitioners, interact with patients, families, and communities in technology-rich environments. I learned that using EHR tools profoundly impacts the data collected, the information formed, and the decisions made, ultimately affecting the quality of care, communication efficiency, and connections among healthcare team members, patients, and consumers.

Furthermore, the DNP program has highlighted the importance of advocating for equitable access to patient-focused health information technologies. As a student nurse practitioner, I have realized the need to optimize the use of these tools for engaging in care, improving health outcomes, and managing health conditions. Understanding the role and value of my input in health information technology analysis, planning, implementation, and evaluation has been crucial in integrating informatics into my practice.

Domain 9: Professionalism

The principles of professionalism in nursing resonate deeply with my journey through the DNP program. Navigating the demanding academic schedules, stringent requirements, and intensive clinical rotations, I realized the importance of cultivating a sustainable professional identity. Embracing core nursing values such as integrity, altruism, inclusivity, and compassion

was vital to this journey. Through mentorship and continuous learning, I have developed a sense of accountability and a collaborative disposition essential for effective nursing practice.

The principles of professionalism shaped my approach to patient care and equipped me with valuable skills for managing stress and achieving a healthy work-life balance. I learned to channel anxiety into positive energy for personal growth, which benefitted my well-being and enhanced my ability to care for future patients. Professionalism is about acquiring knowledge and skills and embodying the values and behaviors that define the nursing profession.

During preparation for a clinical rotation, a miscommunication experience highlighted the importance of accountability and self-examination in my professional growth. I sought clarification on specific requirements before beginning a clinical rotation to ensure compliance and to make sure I was fully ready to learn. However, my actions were perceived as questioning authority rather than seeking clarification. Despite my intentions, I recognized the impact of my approach and the need to take responsibility for the misunderstanding. Experiences like this reinforced my belief in accountability; there are no winners or losers, just people being people. Miscommunications will inevitably be part of my future as a nurse practitioner and human being. Every challenging interaction we encounter is an opportunity, and this experience reinforced in me the value of reflecting on my actions, understanding different perspectives, and communicating effectively to avoid similar situations in the future. I am committed to continually examining myself, seeking feedback, and learning from experiences to become a more effective and compassionate nurse.

Domain 10: Personal, Professional, and Leadership Development

My DNP journey has been transformative, shaping me into a nurse practitioner who is resilient, agile, and committed to lifelong learning. The challenges I faced during the program instilled a sense of resilience and perseverance, essential traits for navigating the complexities of healthcare education and practice. The emphasis on personal health and well-being has been instrumental in guiding me through the program. I have learned to prioritize self-care and mindfulness practices, recognizing the importance of maintaining my well-being to care for others effectively. I understand that I am responsible for my health and well-being by carving out time for family, friends, hobbies, and exercise. Finding time to reflect and practice mindfulness has been crucial in maintaining a healthy work-life balance. Introspection has helped me identify personal growth and development areas, leading to a more holistic approach to my health and well-being.

Additionally, while I did not take on formal leadership roles during my DNP journey, learning about various leadership styles made me realize the importance of servant leadership as an essential characteristic. Driven by a service-oriented mindset, I have cultivated a collaborative approach to teamwork and leadership in healthcare. Authentic leadership transcends dictation. Servant leadership cultivates a space of inclusivity and support, where teamwork unlocks individual potential and empowers everyone to contribute their best. Each person's contribution is valued, fostering a sense of shared purpose and strengthening healthcare outcomes.

Embracing leadership in healthcare has been foundational throughout my DNP journey, molding me into a nurse practitioner leader dedicated to personal development, continual learning, and the advancement of healthcare. Embarking on my DNP journey has ignited a

passion for innovation. As I advance in my career, I aim to leverage the skills and knowledge I have gained to improve patient well-being and healthcare delivery models continuously.

Conclusion

As I embark on this new career phase, I do so with profound gratitude for the DNP program. The Montana State University program has not only instilled in me the theoretical knowledge and clinical expertise I need to excel as a leader in healthcare, but it has also nurtured within me the humility and compassion essential for providing person-centered care. While the future holds unknowns, I am confident that the knowledge and relationships I have gained during this program will serve as a guiding light, helping me to navigate the path ahead and make a positive impact on the lives of my patients, colleagues, and the healthcare system as a whole. The DNP journey has underscored the transformative power of education. I eagerly look forward to applying what I have learned as I embark on this exciting new chapter in my career as a family nurse practitioner. With unwavering determination and a compassionate heart, I can overcome any challenge that may come my way.

REFERENCES CITED

- American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*.
<https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>
- Anglin, L., Sanchez, M., Butterfield, R., Rana, R., Everett, C. M., Morgan, P. (2021). Emerging practices in onboarding programs for pas: Strategies for onboarding. *JAAPA*, 34(1), 32-38.
https://journals.lww.com/jaapa/fulltext/2021/01000/emerging_practices_in_onboarding_programs_for_pas_.7.aspx
- Baldwin, B. (2016). An onboarding program for the ct department. *Radiology Management*, 38(1), 26-30. <https://web-p-ebSCOhost-com.proxybz.lib.montana.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=aa47fa8a-d7be-47a0-b8b9-66057393d862%40redis>
- Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs*, 27(3), 759-769. <https://doi.org/10.1377/hlthaff.27.3.759>
- Bodenheimer, T. M. D., & Sinsky, C. M. D. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6), 573-576.
<https://doi.org/10.1370/afm.1713>
- Bond, A. M., Casalino, L. P., Tai-Seale, M., Unruh, M. A., Zhang, M., Qian, Y., & Kronick, R. (2023). Physician turnover in the united states. *Annals of Internal Medicine*, 176(7), 896-903. <https://doi.org/10.7326/m22-2504>
- Cable, D. M., Gino, F., & Staats, B. R. (2013). Reinventing employee onboarding. *MIT Sloan Management Review*, 54(3), 23-28.
https://www.proquest.com/docview/1323893232?accountid=28148https://libkey.io/libraries/1916/openurl?url_ver=Z39.88-2004&atitle=Reinventing+Employee+Onboarding&au=Cable,+Daniel+M%3BGino,+Francesca%3BStaats,+Bradley+R&bttitle=&date=2013-04-01&genre=article&isbn=&issn=15329194&issue=3&jtitle=MIT+Sloan+Management+Review&rft_id=info:doi/&rft_id=info:eric/&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&sid=ProQ:ProQ%3Apq1busgeneral&spage=23&title=MIT+Sloan+Management+Review&volume=54&sourcetype=Scholarly+Journals
- Chaney, A., Martin, A., Cardona, K., & Presutti, R. J. (2021). Nurse practitioner and physician assistant onboarding in a family medicine practice. *Journal of the American Association of Nurse Practitioners*, 34(3), 522-528. <https://doi.org/10.1097/JXX.0000000000000611>

- Chreiman, K. M., Prakash, P. S., Martin, N. D., Kim, P. K., Mehta, S., McGinnis, K., Gallagher, J. J., & Reilly, P. M. (2017). Staying connected: Service-specific orientation can be successfully achieved using a mobile application for onboarding care providers. *Trauma Surgery & Acute Care Open*, 2(1), e000085-e000085. <https://doi.org/10.1136/tsaco-2017-000085>
- Coelho, P. (1993). *The alchemist*. Harper Collins.
- Cohen, C., Pignata, S., Bezak, E., Tie, M., & Childs, J. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: A systematic review. *BMJ Open*, 13(6), e071203-e071203. <https://doi.org/10.1136/bmjopen-2022-071203>
- De Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K., Godderis, L., & De Winter, P. (2023). Retaining healthcare workers: A systematic review of strategies for sustaining power in the workplace. *Healthcare*, 11(13), 1-29. <https://doi.org/10.3390/healthcare11131887>
- Dillon, E. C., Tai-Seale, M., Meehan, A., Martin, V., Nordgren, R., Lee, T., Nauenberg, T., & Frosch, D. L. (2020). Frontline perspectives on physician burnout and strategies to improve well-being: Interviews with physicians and health system leaders. *Journal of General Internal Medicine*, 35(1), 261-267. <https://doi.org/10.1007/s11606-019-05381-0>
- Dymek, C., Kim, B., Melton, G. B., Payne, T. H., Singh, H., & Hsiao, C. J. (2021). Building the evidence-base to reduce electronic health record–related clinician burden. *Journal of the American Medical Informatics Association*, 28(5), 1057-1061. <https://pubmed.ncbi.nlm.nih.gov/33340326/>
- Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., West, C. P., & Meyers, D. (2017). Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. *States News Service*. <https://doi.org/https://doi.org/10.31478/201707b>
- Dyrbye, L. N., Trockel, M., Frank, E., Olson, K., Linzer, M., Lemaire, J., Swensen, S., Shanafelt, T., & Sinsky, C. A. (2017). Development of a research agenda to identify evidence-based strategies to improve physician wellness and reduce burnout. *Annals of Internal Medicine*, 166(10), 743-745. <https://www-acpjournals-org.proxybz.lib.montana.edu/doi/10.7326/M16-2956>
- Erickson, M., Yee, A. M., Krauter, R., & Hoffmann, T. (2023). The impact of a structured onboarding program for newly hired nurse practitioners and physician assistants. *Journal of the American Association of Nurse Practitioners*, 35(4), 265-271. <https://doi.org/10.1097/JXX.0000000000000847>

- Firth-Cozens, J., & Gerrity, M. S. (2001). Interventions to improve physicians' well-being and patient care. *Social Science & Medicine*, 52(2), 215-222. [https://doi.org/10.1016/S0277-9536\(00\)00221-5](https://doi.org/10.1016/S0277-9536(00)00221-5)
- Friedberg, M. W., Chen, P. G., Van, B. K. R., Aunon, F. M., Brook, R. H., Caloyeras, J. P., Crosson, F. J., Mattke, S., Pham, C., & Pitchforth, E. (2013). *Factors affecting physician professional satisfaction and their implications for patient care, health systems, and health policy*. Rand Health.
- Frögéli, E., Jenner, B., & Gustavsson, P. (2023). Effectiveness of formal onboarding for facilitating organizational socialization: A systematic review. *PloS One*, 18(2), e0281823-e0281823. <https://doi.org/10.1371/journal.pone.0281823>
- Grek, A., Stanton, A., Monnig, B., Whitman, A., & Chaney, A. (2022). Advanced practice nurse and physician assistant orientation program: A critical piece in the onboarding process. *Journal for Nurse Practitioners*, 18(6), 653-659. <https://doi.org/10.1016/j.nurpra.2022.02.028>
- Han, R. M., Carter, P., & Champion, J. D. (2018). Relationships among factors affecting advanced practice registered nurses' job satisfaction and intent to leave: A systematic review. *Journal of the American Association of Nurse Practitioners*, 30(2), 101-113. <https://doi.org/10.1097/JXX.000000000000006>
- Hills, L. (2022). Creating an exceptional onboarding experience for your new employees. *The Journal of Medical Practice Management*, 37(6), 278-283.
- Institute for Healthcare Improvement. (n.d.). *How to improve: Model for improvement*. <https://www.ihl.org/resources/how-to-improve>
- Kapu, A. (2022). Nurse practitioner leadership essential: Ensuring a positive onboarding experience for new nurse practitioners. *The Journal of Nursing Administration*, 52(9), 447-448. <https://doi.org/10.1097/NNA.0000000000001180>
- Kearney, C., Dunne, P., & Wales, W. J. (2020). Entrepreneurial orientation and burnout among healthcare professionals. *Journal of Health Organization and Management*, 34(1), 16-22. <https://doi.org/10.1108/JHOM-09-2019-0259>
- Klein, H. J., Polin, B., & Leigh Sutton, K. (2015). Specific onboarding practices for the socialization of new employees: Onboarding practices. *International Journal of Selection and Assessment*, 23(3), 263-283. <https://onlinelibrary.wiley.com/doi/10.1111/ijsa.12113>
- Kohn, L. T., Corrigan, J., & Donaldson, M. S. (Eds.). (2000). *To err is human: Building a safer health system*. National Academy Press. <https://ebookcentral.proquest.com/lib/montana/reader.action?docID=3375380>

- Kroth, P. J., Morioka-Douglas, N., Veres, S., Babbott, S., Poplau, S., Qeadan, F., Parshall, C., Corrigan, K., & Linzer, M. (2019). Association of electronic health record design and use factors with clinician stress and burnout. *JAMA Network Open*, 2(8), 1-14. <https://doi.org/10.1001/jamanetworkopen.2019.9609>
- Kurnat-Thoma, E., Ganger, M., Peterson, K., & Channell, L. (2017). Reducing annual hospital and registered nurse staff turnover—A 10-element onboarding program intervention. *SAGE Open Nursing*, 3, 237796081769771. <https://doi.org/10.1177/2377960817697712>
- Lall, M. D., Gaeta, T. J., Chung, A. S., Dehon, E., Malcolm, W., Ross, A., Way, D. P., Weichenthal, L., & Himelfarb, N. T. (2019). Assessment of physician well-being, part one: Burnout and other negative states. *The Western Journal of Emergency Medicine*, 20(2), 278-290. <https://doi.org/10.5811/westjem.2019.1.39665>
- Langley, T. M., Dority, J., Fraser, J. F., & Hatton, K. W. (2018). A comprehensive onboarding and orientation plan for neurocritical care advanced practice providers. *The Journal of Neuroscience Nursing*, 50(3), 157-160. <https://doi.org/10.1097/JNN.0000000000000359>
- Lynch, K., & Buckner-Hayden, G. (2010). Reducing the new employee learning curve to improve productivity. *Journal of Healthcare Risk Management*, 29(3), 22-28. <https://doi.org/10.1002/jhrm.20020>
- Meyer, A. M. (2016). *The impact of onboarding levels on perceived utility, organizational commitment, organizational support, and job satisfaction* (Publication No. 10158472) [Master's thesis, Southern Illinois University at Edwardsville]. ProQuest Dissertations Publishing. <https://www.proquest.com/dissertations-theses/impact-onboarding-levels-on-perceived-utility/docview/1839269259/se-2?accountid=28148>
- Morgan, P., Sanchez, M., Anglin, L., Rana, R., Butterfield, R., & Everett, C. M. (2020). Emerging practices in onboarding programs for pas and nps. *JAAPA*, 33(3), 40-46. <https://doi.org/10.1097/01.JAA.0000654016.94204.2e>
- Ortiz Pate, N., Barnes, H., Batchelder, H., Anglin, L., Sanchez, M., Everett, C., & Morgan, P. (2023). Physician assistant and nurse practitioner onboarding in primary care: The participant perspective. *Journal of the American Association of Nurse Practitioners*, 35(2), 122-129. <https://doi.org/10.1097/JXX.0000000000000823>
- Patel, P., & Mohanty, R. (2023). Trends in onboarding improve the employee retention: An in-depth literature review. *Journal of Applied Management- Jidnyasa*, 15(1), 39-50.
- Robeano, K., Delong, D., & Taylor, H. A. (2019). Optimizing transitional support for novice nurse practitioners. *Nurse Leader*, 17(4), 303-307. <https://doi.org/10.1016/j.mnl.2019.03.020>

- Robinson, K. E., & Kersey, J. A. (2018). Novel electronic health record (ehr) education intervention in large healthcare organization improves quality, efficiency, time, and impact on burnout. *Medicine*, 97(38), e12319. <https://doi.org/10.1097/MD.00000000000012319>
- Rogers, A. M. (2022). Newcomer onboarding: What happens, what helps, what hinders, and their hopes (Publication No. 30396298) [Doctor of philosophy, The Pennsylvania State University]. ProQuest Dissertations Publishing. <https://www.proquest.com/docview/2812073166?parentSessionId=1NrIFJA91t6Hg2NHQ4YPQGq%2F9PNMhn7geidpOKme36c%3D&pq-origsite=primo&accountid=28148&sourcetype=Dissertations%20%20Theses>
- Sanchez, M., Anglin, L., Rana, R., Butterfield, R., Everett, C. M., & Morgan, P. (2020). Emerging practices in onboarding programs for pas: Program content. *JAAPA*, 33(9), 38-42. <https://doi.org/10.1097/01.JAA.0000694968.61482.e6>
- Shanafelt, T. D., West, C. P., Sinsky, C., Trockel, M., Tutty, M., Wang, H., Carlasare, L. E., & Dyrbye, L. N. (2022). Changes in burnout and satisfaction with work-life integration in physicians and the general us working population between 2011 and 2020. *Mayo Clinic Proceedings*, 97(3), 491-506. [https://www.mayoclinicproceedings.org/article/S0025-6196\(21\)00872-7/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(21)00872-7/pdf)
- Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., West, C. P., Sloan, J., & Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among us physicians relative to the general us population. *Archives of Internal Medicine*, 172(18), 1387-1385. <https://doi.org/10.1001/archinternmed.2012.3199>
- Shanafelt, T. D., Bradley, K. A., Wipf, J. E., & Back, A. L. (2002). Burnout and self-reported patient care in an internal medicine residency program. *Annals of Internal Medicine*, 136(5), 358-367. <https://doi.org/10.7326/0003-4819-136-5-200203050-00008>
- Shufutinsky, A., & Cox, R. (2019). Losing Talent on Day One: Onboarding Millennial Employees in Health Care Organizations. *Organization Development Journal*, 37(4), 33-51. <https://www.proquest.com/docview/2315902131/fulltextPDF/4BB841FA296A4DA5PQ/1?accountid=28148&sourcetype=Scholarly%20Journals>
- The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. (2022). *Addressing health worker burnout*. <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>
- Wallace, J. E., & Lemaire, J. (2009). Physician well being and quality of patient care: An exploratory study of the missing link. *Psychology, Health & Medicine*, 14(5), 545-552. <https://doi.org/10.1080/13548500903012871>

Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K. (2019). Burnout and health care workforce turnover. *Annals of Family Medicine*, 17(1), 36-41. <https://www.annfammed.org/content/17/1/36>

Williams, E. S., Manwell, L. B., Konrad, T. R., & Linzer, M. (2007). The relationship of organizational culture, stress, satisfaction, and burnout with physician-reported error and suboptimal patient care: Results from the memo study. *Health Care Management Review*, 32(3), 203-212. <https://doi.org/10.1097/01.HMR.0000281626.28363.59>

APPENDICES

APPENDIX A

SMART GOALS

Table A1. Smart Goals

SMART Goal #1: By December 31, 2023, design and complete a comprehensive welcome packet for all newly hired healthcare providers that welcomes and begins integration of the new employee. Aim to integrate new employee(s) and improve organizational effectiveness.		
<ul style="list-style-type: none"> • Included components in the welcome packet: welcome letter, introductory letter from and about a mentor with contact information, an itinerary/checklist of the first day on-site, and leadership bios. • Write a general welcome letter. • Create mentor vita with contact information. • Create a detailed checklist for the first day on site. • Need paper. • Need folders. • Need postage. 		
Data to be collected	Method of collection and who is responsible	Planned data analysis
Content for welcome letter.	Project coordinator and operations manager.	Approval by the operations manager and leadership.
Information on mentor.	Operations manager will provide information on mentor.	Approval by operations manager.
Checklist to guide first day of clinic orientation session.	Operations manager to determine tasks to be accomplished on day of orientation session. Project coordinator to assemble packet.	Approval by operations manager.

SMART Goal #2: By December 31, 2023, create and finalize a comprehensive arrival packet for all newly hired healthcare providers that contains essential information regarding EHR and clinic referral workflows. Aim to integrate new employee(s) and improve organizational effectiveness.		
<p>Included components in the arrival packet: Checklist for clinic orientation. Clinic Mission, Vision, and Values. Calendar of clinic events and parties over the next calendar year. Clinic-specific organizational chart. A map and location of the clinic. Telephone directory for the clinic. A list and instructions of specialty referral workflows. A list of the most used SmartTexts. Key SharePoint pages. Note templates.</p> <ul style="list-style-type: none"> • Obtain an organizational chart; if not premade, create one. • Create checklist. • Obtain a clinic telephone directory. • Create a calendar(s) with all the staff meetings, clinic activities, and holiday parties. • Create a list of the most used SmartTexts. • Create an educational tool that directs new employees on making clinic, organization, and community referrals. • Create list of SharePoint pages. • Create list of note templates often used. • Need paper. • Need folder. • Need welcome gift. 		
Data to be collected	Method of collection and who is responsible	Planned data analysis
Create an educational tool that directs new employees on making clinic, organization, and community referrals, list of SharePoint pages, and a list of note templates often used.	Project coordinator will collect and make into a list on a Word document.	Final list to be approved by clinic leadership.
Research best practice content for SmartText notes.	Project coordinator will meet with medical information officer to obtain list.	Approval by the operations manager and leadership.
Survey healthcare providers on common workflows.	Project coordinator will collect and make into a list on a Word document.	Final list to be approved by clinic leadership.
Telephone numbers for telephone directory.	Operations manager will obtain mentor information.	Approval by operations manager.

Calendar of office meetings, clinic activities, and holiday parties over next calendar year.	Operations manager will print calendar for inclusion in the packet.	Operations manager final approval of included activities.
Obtain the names of leaders and their titles and roles within the clinic to create organizational chart.	Project coordinator.	Final approval by operations manager.
Checklist for first day of clinic orientation session.	Operations manager to determine date and times. Project coordinator to assemble packet.	Approval by operations manager.
Obtain map.	Operations manager to print out for project coordinator to place in packet.	N/A
Mission, Vision, and Values of the clinic.	Operations manager to print out for project coordinator to place in packet.	Approval by operations manager.

SMART Goal #3: By December 31, 2023, compile a comprehensive list of the most used SmartText entries for inclusion in the arrival packet provided to newly hired healthcare providers.		
<ul style="list-style-type: none"> • Create a list of the most used SmartTexts. 		
Data to be collected	Method of collection and who is responsible	Planned data analysis
Most used SmartTexts.	Project coordinator-questionnaire by email providers top five SmartTexts used.	Compile most common SmartTexts into document to be included in packet.

<p>SMART Goal #4: By December 31, 2023, create educational materials on the referral process, covering in-clinic services, organizational referrals, and community referral directory, to be integrated into the arrival packet provided to newly hired healthcare providers. Aim to simplify the process for the new employee(s).</p>		
<ul style="list-style-type: none"> • The project coordinator will meet with the clinic leadership to understand the referral workflow and determine which referrals are most critical for new employees to understand. • The data received from clinic leadership will be taken, and community referral directory will be created to be placed in the arrival packet. 		
Data to be collected	Method of collection and who is responsible	Planned data analysis
Most common in clinic referrals.	Project coordinator will meet in person with clinic leadership, interview leadership.	Analyze the interview data with leadership to understand which referrals to include.

<p>SMART Goal #5: By March 15, 2024, conduct an interview to evaluate the usefulness of the arrival packet contents provided to newly hired healthcare providers. Collect and analyze feedback from all participants. Project participant's feedback will inform the project of the packet's clarity and usefulness of the information provided.</p>		
<ul style="list-style-type: none"> • If an interview cannot be conducted within one week of employment, a follow-up email will be sent requesting the earliest convenient meeting time for the new employee. 		
Data to be collected	Method of collection and who is responsible	Planned data analysis
Interview responses.	The project coordinator to interview new hire.	Analyze the interview data to extract key points and understand the underlying meanings.

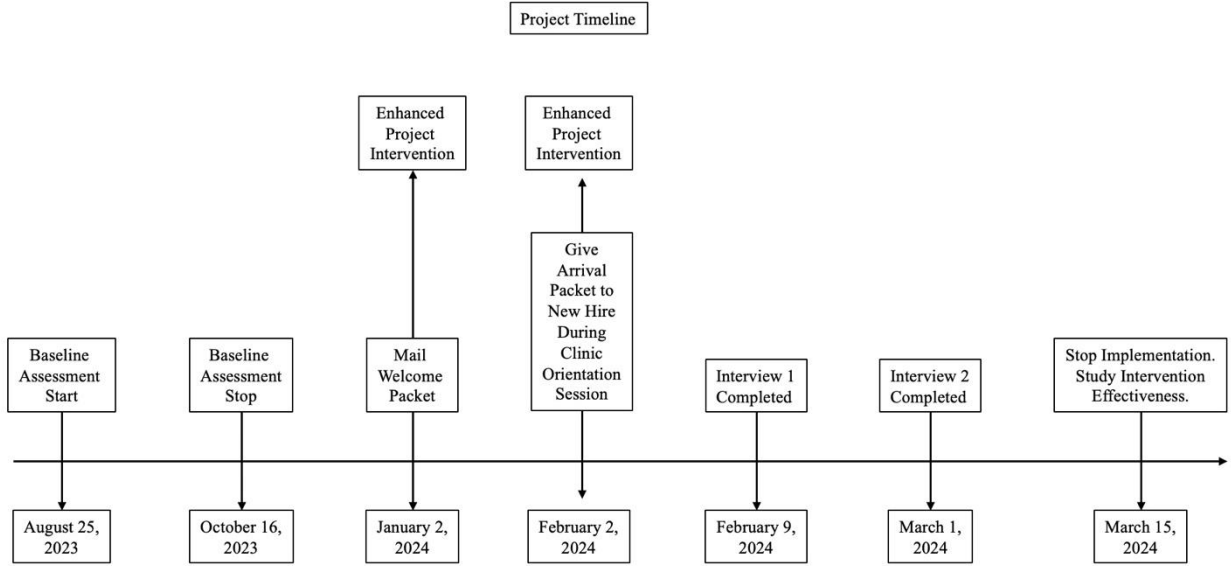
<p>SMART Goal #6: By March 15, 2024, interview the project participant(s) to assess the usefulness of the welcome packet contents provided to newly hired healthcare providers and analyze the feedback. Project participant's feedback will inform the project of the welcome packet's usefulness, and if the contents made the new employee feel welcomed.</p>		
<ul style="list-style-type: none"> If an interview cannot be conducted within one week of employment, a follow-up email will be sent requesting the earliest convenient meeting time for the new employee. 		
Data to be collected	Method of collection and who is responsible	Planned data analysis
Interview responses.	The project coordinator to interview new hire.	Analyze the interview data to extract key points and understand the underlying meanings.

<p>SMART Goal #7: Continuously maintain, update, and incorporate onboarding packets as an integral component of the onboarding program at the clinical site. Monitor the ongoing use and relevance of onboarding packets as an essential part of the onboarding program's success.</p>		
<ul style="list-style-type: none"> Continued cycles of the PDSA cycle, with interview results guiding packet contents updates. 		
Data to be collected	Method of Collection and who is responsible	Planned data analysis
Interview responses.	Operations manager.	Analyze the interview data to extract key points and understand the underlying meanings.

APPENDIX B

PROJECT TIMELINE

Figure B1. Project Timeline



APPENDIX C

INTERVIEW TOOLS

Welcome Packet Interview Tool

Welcome Packet Interview Questions

1. How did you find the welcome packet useful in preparing you for your new role?
2. Could you describe a specific instance where the welcome packet helped you feel more prepared or informed?
3. In what ways did the welcome packet contribute to your understanding of the clinic's communication practices and expectations?
4. Can you provide an example of how the welcome packet influenced your early experiences in the clinic?
5. What aspects of the welcome packet do you think were most beneficial for new employees?
6. How did the welcome packet compare to your expectations or experiences with onboarding materials in other organizations?
7. Were there any specific sections or information in the welcome packet that you found particularly helpful or engaging?
8. How did the welcome packet contribute to your confidence in navigating your role and responsibilities within the clinic?
9. Can you recall a situation where the welcome packet helped you address a challenge or question during your onboarding process?
10. What additional resources or information would have enhanced your experience with the welcome packet?
11. How do you think the welcome packet could be improved to better meet the needs of new employees?
12. Looking back, is there anything you would have liked to receive in the welcome packet that was not included?
13. How did the welcome packet impact your perception of the clinic's commitment to your success and integration into the team?
14. Did the welcome packet influence your perception of the clinic's organizational culture or values? If so, how?
15. How did the welcome packet contribute to your understanding of the clinic's expectations regarding documentation and record-keeping?
16. Can you provide an example of how the welcome packet helped you navigate a specific aspect of your role or clinic operations?
17. In what ways did the welcome packet help you establish connections or relationships within the clinic?
18. How did the welcome packet contribute to your overall sense of preparedness and confidence in your new role?
19. What advice would you give to new employees about how to make the most of the welcome packet?
20. How do you think the welcome packet could be tailored to better meet the needs of different roles or departments within the clinic?

Arrival Packet Interview Tool

Arrival Packet Interview Questions

1. How did you find the arrival packet useful in preparing you for your new role?
2. Could you describe a specific instance where the arrival packet helped you feel more prepared or informed?
3. In what ways did the arrival packet contribute to your understanding of the clinic's communication practices and expectations?
4. Can you provide an example of how the arrival packet influenced your early experiences in the clinic?
5. What aspects of the arrival packet do you think were most beneficial for new employees?
6. How did the arrival packet compare to your expectations or experiences with onboarding materials in other organizations?
7. Were there any specific SmartTexts or sections of the arrival packet that you found particularly helpful or informative?
8. How did the arrival packet contribute to your confidence in navigating referral workflows and other clinic processes?
9. Can you recall a situation where the arrival packet helped you address a challenge or question during your onboarding process?
10. What additional resources or information would have enhanced your experience with the arrival packet?
11. How do you think the arrival packet could be improved to better meet the needs of new employees?
12. Looking back, is there anything you would have liked to receive in the arrival packet that was not included?
13. How did the arrival packet impact your perception of the clinic's commitment to your success and integration into the team?
14. Did the arrival packet influence your perception of the clinic's organizational culture or values? If so, how?
15. How did the arrival packet contribute to your understanding of the clinic's expectations regarding documentation and record-keeping?
16. Can you provide an example of how the arrival packet helped you navigate a specific aspect of your role or clinic operations?
17. In what ways did the arrival packet help you establish connections or relationships within the clinic?
18. How did the arrival packet contribute to your overall sense of preparedness and confidence in your new role?
19. What advice would you give new employees about making the most of the arrival packet?
20. How do you think the arrival packet could be tailored to better meet the needs of different roles or departments within the clinic?

APPENDIX D

LOGIC MODEL

Figure D1. Logic Model

Inputs	Outputs		Outcomes		
	Activities	Participation	Short	Medium	Long
<p>Funding for onboarding program:</p> <ul style="list-style-type: none"> Materials for welcome and arrival packet: paper (\$5.00) and postage (\$5.00). Welcome gift: Mug (\$20.00). <p>Onboarding program staff and facilitators:</p> <ul style="list-style-type: none"> Operations manager. Leadership. Mentors. Chief Medical Information Officer. <p>Educational materials and resources:</p> <ul style="list-style-type: none"> Most common SmartTexts. Most common note templates. Community referral directory. 	<p>Orientation session:</p> <ul style="list-style-type: none"> Tour of clinic. Review schedule and Qgenda with operations manager. Scheduled time to log into work computer. Scheduled time to look over arrival packet. <p>Distribution of welcome packet by United States Postal Service.</p> <p>Distribution of arrival packet and community referral directory.</p> <p>Set up new provider office space:</p> <ul style="list-style-type: none"> Arrival packet. Welcome gift. Computer (confirmed working by IT, with permissions). 	<ul style="list-style-type: none"> Operations manager, new employee. <ul style="list-style-type: none"> Operations manager <ul style="list-style-type: none"> Operations manager. <ul style="list-style-type: none"> Operations manager. 	<p>By December 31, 2023</p> <ul style="list-style-type: none"> Welcome and arrival packets will be designed and completed. The most common SmartText list will be completed for inclusion in arrival packet. Community referral directory completed. Interview tools completed. One for each of the welcome and arrival packet. 	<p>Pilot one new provider to the enhanced onboarding process.</p> <p>By February 15, 2024</p> <ul style="list-style-type: none"> Interview completed on the usefulness, impression of socialization and integration, and timing of the welcome packet contents. <p>By March 10, 2024</p> <ul style="list-style-type: none"> Interview completed on the usefulness of the arrival packet contents. <p>By March 15, 2024</p> <ul style="list-style-type: none"> Stop implementation and begin data analysis. 	<p>By April 15, 2024</p> <ul style="list-style-type: none"> Recommend revision of the welcome and arrival packet based on interview data to project site’s stakeholders. Recommend revision of the orientation session based on interview data to project site’s stakeholders. Recommend ongoing PDSA cycles to continue improvement to clinic’s onboarding process. Recommend continued collaboration with Chief Medical Information Officer to find solutions to EHR burden. <p>Packets will continue to be used indefinitely as a core element of the onboarding program.</p>