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Manager Onboarding to Improve Retention, Knowledge, and Confidence to Lead

Christine (Tina) Asiimwe, MSN, RN
Abstract

Objective: The purpose of this paper is to review the literature on manager onboarding best practices and their impact on turnover intention, knowledge, and confidence to lead teams in primary healthcare settings.

Background: Primary care onboarding is often insufficient due to competing operational priorities, time constraints, lack of mentorship, and cost. With primary care increasingly the setting for affordable, coordinated, end-to-end patient care, primary care managers must be well-prepared to lead the care team.

Methods: A review of the literature identified best onboarding practices associated with job satisfaction and turnover, reduced time to proficiency, increased knowledge, and confidence to lead.

Findings: Appropriate onboarding can shorten the new manager’s time to proficiency, increase job satisfaction, and reduce turnover. Content specific to onboarding managers in the primary care setting was not found.

Conclusion: Strong connections exist between structured onboarding practices and improved job satisfaction, retention, and performance. Empirical research is needed to validate best practices and their impact on outcomes, specifically, role-specific onboarding for managers in primary care.
**Introduction**

In primary care, managers are the foundation for highly functioning teams that deliver quality and safe care in a patient-centered medical home (PCMH) model. PCMH is a framework for providing comprehensive, accessible, and coordinated care across the continuum from the primary care provider to specialty, hospital, home care settings, and any other transition facilities. Primary care managers must have a keen understanding of the care transitions to successfully lead the care team in managing patients through them. New primary care managers may have general leadership experience but lack knowledge of primary care concepts. Or they may be familiar with primary care concepts such as PCMH but lack first-hand experience in the work itself and the processes employed at a given organization. In another scenario, primary care managers may have general leadership experience and knowledge of primary care concepts, but lack specific knowledge regarding key stakeholders, specific team roles and responsibilities, including clarity about their role in a new department. Successful onboarding practices are critical for new managers to assimilate into the organization, support successful role transition, thereby improving performance, job satisfaction, and retention. (1,2)

Onboarding is defined as a process of helping employees become productive in the most effective and efficient means possible. (3) By contrast with orientation, in which a new employee is acquainted with the organization’s policies and expectations, onboarding focuses on the new employee’s specific role and competencies. The onboarding process is ongoing until the employee gains the appropriate competencies for the role and may take from three to twelve months. (4,5) See Appendix A for Differences Between Orientation and Onboarding.

With the increasing clinical and operational complexity of delivering care in the primary care setting, more attention is being given to the need for focused, structured onboarding specific to the primary care manager’s role. The purpose of this manuscript is to review the literature on manager onboarding best practices and their impact on manager turnover intention, knowledge, and confidence to lead high functioning teams in primary care.

**Background**

Conventional wisdom holds that managers are the foundation of success for highly functional teams and ultimately drive organizational performance in any industry. Thoughtful and trained leaders foster team engagement that
implement continuous improvement and succeed in implementing and sustaining high-performing teams. (6,7).

Nurse managers are the linchpins of organizations. (1). However, new managers may not receive the onboarding they need to be high performers themselves. The reasons given for slighting onboarding range from competing for operational and strategic priorities to a paucity of available mentors, lack of time, and fiscal constraints. As a result, new managers may be slow to assimilate into the organization and lack clarity in their roles. Knowledge gaps and frustrations that contribute to job dissatisfaction may manifest as intent to leave for the manager and as disengagement, lack of continuity in organizational work, and compromised performance for the frontline care team.

Ambulatory care curricula in nursing programs are generally not well developed instead of a focus on inpatient and acute care practices. Thus, newly-graduated nursing staff have little preparation to provide ambulatory nursing care. This is a problem because ambulatory staff nurses are a pipeline for nursing leadership in primary care/ambulatory settings. Increasing demand in primary care has led to efforts to revise curricula and create practice transition residency programs to meet the need. (8) Although many nursing programs are expanding their content to include ambulatory care specific training, there is not an empirical report that has measured the robustness, consistency, and extent of this transformation. (9)

In addition to the knowledge gap in ambulatory care and leader critical mass, the healthcare industry has experienced high turnover rates over the years which creates inconsistency of staffing in the care teams and manager positions. A 2018 turnover report (10) with data on nearly 25,000 organizations showed healthcare turnover at 20.4 percent, second only to hospitality. Poor retention of healthcare managers has a direct impact on the success of organizational initiatives, patient care outcomes, and front-line care retention. In a cross-sectional study on organizational and professional turnover intention among nurse managers, (11) transition programs such as manager onboarding and mentorship were identified as vital measures to improve retention.

Method

A systematic search of the literature was conducted in the CINAHL, Cochrane, PubMed, and Fusion databases using the search terms manager onboarding, new manager orientation, and new manager training. A secondary search in the Google Scholar database used the single search term onboarding. The search was limited to peer-reviewed articles in the English language published from 2010 through 2020. The total search yielded 989,304
articles. For each search term used in the different databases, up to 250 articles returned were reviewed by scanning titles and abstracts. Articles were included if they addressed turnover, job satisfaction, time to proficiency, and had clear content to address knowledge and confidence gaps. Articles were excluded if they did not have clear content on closing gaps in knowledge, confidence, or turnover in new hires.

Results

Perceptions of employees (n = 373) from 10 organizations were evaluated by Klein et al. (12) based on responses to surveys addressing specific onboarding practices. The study provided evidence to support the research hypothesis that the onboarding outcome is dependent on four factors of socialization: actors (i.e., leaders and managers), content shared, socialization stage, and tactics used. Survey results related to specific onboarding practices revealed that managers often simply welcome new hires and share some basic content about the workplace, but do not socialize new employees sufficiently to be effective in their roles. The data showed that approximately 80 percent of the respondents underwent common welcoming practices, such as receiving a welcome kit. However, only approximately 55 percent received resource-specific onboarding. While approximately 74 percent of the employees reported receiving formal training, only 42 percent had training specific to their role. A recommendation from the study was that onboarding practices include individualized content to supply new hires knowledge specific content to execute their roles.

Ohr (13) conducted a quantitative, descriptive, cross-sectional study in a large health district in Australia where 170 new nurse and midwives graduates across 21 acute and community healthcare settings were surveyed to understand the influence of their onboarding experience on organizational socialization. A four-component onboarding including organizational information, individualized orientation based on the perceived need of the nurse and midwife, floor induction, and several days of low patient load to allow for ramp-up period was offered. There were variations in the content of each component depending on the location. There were also variations on the length of the program for different locations and lasted anywhere from 3 days to 2 weeks. More than 30 percent of the participants did not attend the floor induction. Survey results showed that 82 percent of respondents agreed that the onboarding program was beneficial. Participants suggested the onboarding content be improved to tailor it to the new hire’s practice environment. It was also suggested to clearly define the role of the preceptor to eliminate redundancy. There was strong agreement (93.75 percent) that having a clinical mentor/preceptor and regular
meetings with a clinical educator would be beneficial. The study underpins the importance of knowledge development and the support of mentors/preceptors to successful onboarding.

A key element of onboarding is mentorship. Managing a new hire with an experienced, supportive adviser is part of successful onboarding as it helps reduce role ambiguity and exerts a positive influence on job satisfaction. A cross-sectional survey was conducted by Sharma and Stol (14) to explore the link between onboarding (referred to as “organizational socialization”) of new hires and intent to stay, and indicator of job satisfaction. The study population was 102 software professionals who were asked to respond to a 24-question survey administered online with the SurveyMonkey tool. The survey questions addressed onboarding activities, onboarding success, organizational fit, and intent to stay. Survey responses (n=102) were analyzed using the Partial-Least Squares Structural Equation Modeling (PLS-SEM) software to examine correlations among the four variables. The results indicated that support from senior staff or a mentor was the most significant element associated with onboarding success (p=0.000; sd=0.068). Onboarding success had a positive influence on job satisfaction (p=0.000; sd=0.062) and the quality of workplace relationships (p=0.000; sd=0.079). Job satisfaction had a negative relationship with turnover intent (p=0.010, sd=0.140). From the significant relationships between supervisor and mentor support and onboarding success and the positive association of onboarding success with job satisfaction, an indirect connection between onboarding success and turnover intention was suggested.

In an empirical study at a community hospital in Washington, DC, Kurnat-Thoma et al. (15) examined whether assigning a formal mentor to a new hire impacted their learning and intent to stay with the organization. A 10-factor onboarding program was developed to help reduce staff turnover. The facility had experienced high levels of voluntary and involuntary turnover, which were attributed to poor quality orientation and minimal onboarding training. Following the implementation of the 10-factor onboarding program, of unspecified duration, the overall annual turnover between 2013 and 2014 decreased from 18.2 to 11.9 percent. Turnover for new hires decreased from 39.1 to 18.4 percent (p = 0.04). Survey and interview data showed that onboarding increased role clarity for new employees and presented them with an opportunity to address key concerns about their work early on. The improvements were largely attributed to the implementation of an onboarding program designed to provide support for new staff by promoting frequent interaction between leaders and peers, quality and safety indicators. The authors
concluded that mentorship benefits both the mentee and the mentor; successful mentees are likely to increase the mentor’s job satisfaction and confidence. The findings support the study’s alternate hypothesis that mentoring correlates to retention intent.

In a cross-sectional study completed by Warshawsky et al. (1) at the 2019 annual meeting of the American Organization of Nurse Leaders (AONL), a mixed-method approach was used to query participants to identify strategies to successfully onboard and transition nurse managers to their new roles. Four themes of structured onboarding with specialized processes, mentorship and coaching, knowledge development courses, and program evaluation emerged. From the results, didactic, self-paced transition programs with a duration ranging from 100 days to 12 months were recommended. It was further recommended that the programs include AONE nurse manager competencies and that they be regularly evaluated and updated. Participants supported the assignment of official mentors and preceptors to guide new managers through acquiring appropriate knowledge and gaining the confidence to apply it. The study concluded that the success of nurse managers depends on successful role transition.

In a prospective case study by O’Connor, (16) a chief nursing officer worked in partnership with a faculty member to implement a year-long onboarding plan for new managers. This study expanded on several current onboarding best practices, such as the use of mentors, appropriate frameworks, and different modes of learning. The onboarding program design was based on several frameworks, including the (AONE) leadership competencies and the principles of Magnet. Magnet is a framework presented by the American Nurses' Credentialing Center (ANCC) to promote the excellence of nursing practice and patient outcomes. The program included one-on-one mentoring, networking with peers, and ongoing coaching. Results from post-implementation surveys demonstrated that the program increased the new leaders’ confidence and competence. A conclusion from the evaluation of the program was that a year of onboarding was too long, even with respect to building relationships. A recommendation from the study was that nurse managers need comprehensive onboarding and ongoing individualized professional development as they have a critical role in creating engaged staff and leading delivery of “quadruple aim” care.

However, mentorship programs alone are not enough. There must be a framework that leverages feedback and deducts time for mentors to coach their assigned mentees. Minnick et al. (17) conducted an empirical study to
determine whether assigning a formal mentor had an impact on the new hire’s learning curve and intent to stay. A survey was conducted of 299 safety professionals in manufacturing, oil and gas, and construction in Pennsylvania. A mentoring program was developed based on the survey feedback. The study results brought forward the benefits of mentorship in ensuring the continuation of knowledge and providing support to new hires as they socialize with staff and navigate a new environment. It was observed that mentorship has benefits for both the mentee and the mentor. Successful mentees are likely to increase their confidence and job satisfaction, which was shown to reflect in the mentor’s job satisfaction as well. The conclusion drawn from the study was that a structured onboarding process that focused on providing consistent leader support and leveraging stakeholder feedback, reduced turnover, and improved the organization’s performance.

**Synthesis**

Structured onboarding addresses new hires’ needs at several levels. (12,15) The studies reviewed make strong connections between onboarding, job satisfaction, confidence, and retention. Assigning a mentor or mentor-equivalent is critical to onboarding success, role satisfaction, reduced turnover, and improved organizational performance. (13,14,17) Incorporating AONE leader competencies into an onboarding program design framework was suggested to support the transition into a new management role. (1,16) The studies reviewed were consistent in their indication that structured onboarding practices with an assigned mentor improve job satisfaction, increased knowledge and confidence, and employee retention. Further, the studies were consistent in providing evidence that successful onboarding practices promote sound professional and operational performance. Conversely, lack of such efficient onboarding practices was shown to result in a lack of role clarity, poor engagement, unstable teams, and high turnover rates. From the paucity of studies specific to onboarding for managers in primary care, future research is needed to identify best practices in role-specific onboarding and to develop standardized, validated tools to evaluate effectiveness.

**Conclusion**

Establishing and managing employee turnover can help create stability in staffing, management, and organizational performance. The literature review makes strong connections between onboarding, engagement, role satisfaction, and retention. The evidence reviewed indicates that onboarding practices that utilize mentors and leader support
improve satisfaction, engagement, and employee retention. Ultimately, successful onboarding practices promote operational, fiscal, and overall organizational performance. Empirical research is needed to validate these best practices and their impact on outcomes, specifically, role-specific onboarding for managers in primary healthcare settings.
References


http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ccm&AN=142739793&site=eds-live&scope=site&custid=s3818721


doi:10.1097/NAQ.0000000000000250

Appendix A

Differences between Orientation and Onboarding

<table>
<thead>
<tr>
<th></th>
<th>Orientation</th>
<th>Onboarding</th>
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<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Role in company</td>
<td>Role in department</td>
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<tr>
<td><strong>Duration</strong></td>
<td>One-time event</td>
<td>Ongoing</td>
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<tr>
<td><strong>Setup</strong></td>
<td>Classroom</td>
<td>On-the-job</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Big picture</td>
<td>Tailored to the individual</td>
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<tr>
<td><strong>Outcome</strong></td>
<td>Ready for training</td>
<td>Ready to contribute</td>
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### Appendix B

Review of Evidence Table

<table>
<thead>
<tr>
<th>Citation: author(s), date of publication, title, source</th>
<th>Purpose of Study</th>
<th>Conceptual Framework</th>
<th>Design/Method</th>
<th>Sample/Setting</th>
<th>Level &amp; Quality Rating</th>
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<tbody>
<tr>
<td>Klein, H. j., Polin, B., &amp; Leigh Sutton, K. (2015). Specific Onboarding Practices for the Socialization of New Employees. International Journal of Selection and Assessment, 23(3), 263–283.</td>
<td>To explore specific onboarding practices and evaluate the Inform-Welcome Guide framework. Also investigated whether and how newcomers experience these activities, what practices they find most helpful, and how the nature, and timing of these practices contribute to their socialization.</td>
<td>Socialization research and the Inform-Welcome Guide (IWG) framework.</td>
<td>Surveys and three different analytical methods to examine data. (computed zero-order correlations, descriptive statistics comparisons, and Hierarchical Linear Modeling)</td>
<td>Data are presented from representatives of 10 organizations represented by 10 HR managers and 373 new employees from those 10 organizations were interviewed.</td>
<td>Level III, A</td>
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<td>Minnick, W., Wilhide, S., Diantoniis, R., Goodheart, T., Logan, S., &amp; Moreau, R. (2014). Onboarding OSH Professionals. Professional Safety, 59(12), 27–33</td>
<td>To examine the current practice on formal mentoring upon hire and, it’s influence on the learning curve and/or intent to stay with the company. To develop a mentoring framework based on qualitative feedback from practicing safety professionals.</td>
<td>Mentoring model</td>
<td>Survey Instrument and the chi-square test</td>
<td>299 female and male members employed as a safety professional in manufacturing, oil and gas, and construction.</td>
<td>Level III, A</td>
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<tr>
<td>Citation</td>
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<td>Sample/Setting</td>
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<td>O’Connor, M. (2017). Onboarding the Middle Manager: Nursing Administration Quarterly, 41(4), 360–367.</td>
<td>To collaborate on planning and implementing an on-boarding program for newly hired middle managers.</td>
<td>Magnet principles (Transformational leadership and exemplary leadership practices), the AONE Leadership Competencies, Circle Practice, and Creative Health Care Management’s Relationship-Based Care model.</td>
<td>Assessments using surveys</td>
<td>6 newly hired managers at community-based medical center in central Maryland.</td>
<td>Level IV, B</td>
</tr>
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<td>Ohr. SE. The organisational socialisation of new graduate nurses and midwives within three months of their entrance into the health workforce. Aust J Adv Nurs. 2020;37(2):3-10. &lt;<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;AuthType=sso">http://search.ebscohost.com/login.aspx?direct=true&amp;AuthType=sso</a> &amp;db=ccm&amp;AN=142739793&amp;site =eds-live&amp;scope=site&amp;custid=s3818721&gt;</td>
<td>To investigate if the current onboarding process influences the organizational socialization of new graduate nurses and midwives into the workforce.</td>
<td>Organizational socialization</td>
<td>A quantitative, descriptive, cross-sectional study design</td>
<td>170 new graduate nurses and midwives at 21 acute and community healthcare settings within a District in Australia</td>
<td>Level 111, A</td>
</tr>
<tr>
<td>Citation: author(s), date of publication, title, source</td>
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<td>Warshawsky NE, Caramanica L, Cramer E. Organizational support for nurse manager role transition and onboarding: Strategies for success. <em>JONA J Nurs Adm.</em> 2020;50(5):254-260. doi:10.1097/NNA.0000000000000880</td>
<td>To identify strategies to successfully onboard and transition nurse managers to their new roles.</td>
<td>American Organization of Nurse Executives (AONE) nurse manager competencies</td>
<td>A cross-sectional study using an exploratory mixed-method design</td>
<td>A focus group of 41 nurse leaders reviewed and reacted to information from a study of 647 nurse managers</td>
<td>Level 111, A</td>
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