Travel Nurse Onboarding: Current Trends and Identified Needs

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Abstract

Objective: The purpose of this study was to describe current practices for onboarding travel nurses (TRNs) and obtain TRNs' perceptions of specific onboarding needs.

Background: Onboarding must be streamlined and organized for TRNs to provide safe patient care.

Methods: Cross-sectional descriptive survey was used with 306 TRNs throughout U.S. who were recruited electronically from a closed social media group page.

Results: TRNs identified critical information including: unit patient ratios, onboarding schedule 7-14 days prior to travel assignment start, and login IDs/accesses on day 1. TRN onboarding and competency assessment checklists should be specific to the unit/facility where they will work.

Conclusion: Findings from this study have the potential to support hospitals in development of streamlined and tailored TRN onboarding in compliance with Joint Commission regulations and significant facility-based cost savings for TRN onboarding.

The growth rate in the nursing workforce is projected to replace the 1 million registered nurses who will retire by 2030, however experts anticipate that an uneven workforce throughout the country will cause local and temporary nursing shortages (1). To address these nursing shortages, hospitals may resort to temporary contracted staff and travel nurses (TRNs). TRNs are experienced registered nurses (RNs) contracted through a healthcare staffing agency to take travel assignments, typically 13 weeks in duration, to fill critical staffing needs. Despite the temporary nature of TRNs' employment, hospitals are mandated by the Joint Commission (TJC) to provide facility and unit-specific orientation to all contracted and temporarily contracted staff (2). The orientation of new employees is a process known as "onboarding", where the new employee is integrated into the organization (3). A hospital's onboarding process must be streamlined and organized for TRNs to enable them to provide patient care within the parameters of the hospital policy and procedure quickly, yet safely.

Literature Review

The onboarding for TRNs at different hospitals can range from a few hours to a few days. Some hospitals have TRNs go through the same onboarding as core staff (4). TRNs have been advised by their travel agencies to develop a list of key items to ensure their needs are addressed before they are released to work independently (5). Some healthcare staffing agencies conduct an over-the-phone facility-specific orientation to help travelers prepare for starting work in the hospital (4). Wightkin reported that 67.2% of TRNs received a general orientation, 38.6% received unit-specific orientation, and 8.2% had no orientation (6). Held and colleagues identified the TRN onboarding trend of numerous online regulatory modules (i.e. infection control, fire safety) which duplicated information that TRNs may have received from their Joint Commission certified healthcare staffing agency or from previous travel assignments (4). The Health Care Staffing Services certification by TJC evaluates a staffing firm's staff for competency and qualifications (7).

Held provided a TRN onboarding "wish list" including: a phone conversation with a manager or educator to set up expectations, acceptance of the mandated regulatory education from TJC certified travel nurse agencies, designation of an ambassador/preceptor to orient TRNs to unit specifics versus how to give patient care, and access to hospital/unit specific information (5). Tuttas highlighted the importance for TRNs to receive a 2-3-day onboarding that is well organized and structured, critical information prior to and upon arrival to travel assignment, and access to essential workflow tools and resources (8).

Purpose

The specific and measurable onboarding needs of TRNs are not well defined in the literature. What remains unknown are TRNs onboarding needs in terms of content, structure, time allocation, and resources. The primary aim of this study was to obtain TRNs perceptions of their on-boarding needs. The secondary aim was to gain an understanding of current TRN onboarding practices of hospitals throughout the United States.

Methods

Design & Sample

A cross-sectional descriptive survey study design was used to examine the current onboarding experiences of TRNs and their identified needs. TRN participants were recruited to participate in the survey from the closed-group on Facebook, "The Gypsy Nurse," through advertisement graphics, and a picture of the principal investigator receiving grant funding to conduct TRN onboarding research, posted in the Facebook feed. The survey was open from May 9, 2017 through May 30, 2017. The Gypsy Nurse is a networking and support group for TRNs and recruiters who are allowed to become members by group administrators (9). The group included 46,500 members as of March 10, 2017: the exact potential sample size is unknown because members of The Gypsy Nurse can include not only TRNs but also recruiters and future or previous TRNs. The study included external contract labor direct-care TRNs who have had, or are currently fulfilling, at least one 13-week contract within the United States at any point since January 1, 2016. Licensed practical nurses, international TRNs, and nurses who are internal TRNs (registry/float pool) were excluded from this study. Inclusion/exclusion criterion were self-reported by participants.

Instrumentation

The survey comprised 7 demographic items and 22 onboarding items created based on the onboarding needs of TRNs as established in the literature (Table 1). Four experts rated the items for relevance/representation of TRN onboarding needs. The content validity index for the survey items was 0.93. The study received Banner Health institutional review board approval.

Results

Demographics

A total of 306 TRNs participated in the survey. The mean (SD) age of TRNs was 39.74 (11.83) years. They were predominantly female (94.1%), baccalaureate (53.5%) or associate-degree (38%) prepared, and a large percentage were

not certified in a nursing specialty (60.6%). Their reported work environments were diverse, yet evenly distributed across the sample: emergency (19.5%), adult medical/surgical (18.5%), critical care (17.2%) and progressive care (15.2%). The mean (SD) nursing experience was 10.20 (8.84) years; however, the mean travel nursing experience was 2.92 (3.90) years. The most frequently reported states of last travel assignment were California (19.4%), Texas (7.4%), Florida (6.3%), and Arizona (6%).

Current TRN Onboarding Practices

The majority of participants had received unit-specific orientation with a preceptor (86.9%), electronic medical record training (EMR) (63%), and/or general hospital orientation (60.1%). Most (65%) had received a skills competency checklist outlining the skills expected of them during their travel assignment. Among these, 75% reported it was mandatory for the skills to be signed off and validated by another RN and about half felt the checklist enabled them to understand the skills expected of them during their travel assignment (Table 2).

TRNs' Identified Onboarding Needs

Table 3 summarizes the information TRNs deemed important to receive prior to arrival on travel assignment. TRNs deemed patient ratios (mean 3.58, SD 0.71) and schedule policies (3.35, 0.71) most critical. In-person lecture (57.8%) was the preferred mechanism to receive orientation content, followed by online training modules (54.5%). The majority of participants either agreed or strongly agreed (93.9%) that orientation should be facility-specific rather than based on general principles. About 72% of participants reported they would like to receive their onboarding schedule 1 to 2 weeks prior to the start of their travel assignment. Computer login IDs and system accesses should be provided on the day of arrival of travel assignment or the subsequent day (68.2%). The majority of participants expressed a desire for more experience learning about unit routines (87.3%) and hands-on practice with the electronic medical record (79.4).

Discussion

Whether the need is to hire TRNs to bolster nurse staffing due to a local shortage, and/or an increased demand for healthcare workers for other organizational reasons, hospitals should provide an onboarding adequate to prepare TRNs for safe patient care within the parameters of the hospital's policies and procedures and nursing work environment. By combining the specific and measurable findings of this study, a structure for a streamlined and organized onboarding program for TRNs emerges.

Perhaps the most significant finding of this study is that TRNs require an onboarding that is specific to the facility and unit on which they will be working. The results of this study make it clear that it is crucial to receive certain information prior to the start of the travel assignment. Nurse leaders should share realistic descriptions of unit patient ratios and acuity level with TRNs. Such conversations can help to determine whether the TRN's background and skill will meet the needs of the unit. Onboarding schedules should be sent to TRNs within 1 to 2 weeks prior to the start of a travel assignment since oftentimes they have only a matter of days to travel to the next assignment, set up in their new residence, and complete required pre-travel assignment paperwork. Access to buildings, computers, and the EMR must be granted on the day of arrival for travel assignment: a delay or system barrier preventing access to requisite accesses could result in a delay in TRNs assuming patient care duties. TRNs need time in their onboarding to learn about unit routines and to practice with the EMR. The TRNs identified three resources that enhance onboarding and contribute to successful TRN job performance: 1) an assigned experienced unit nurse to serve as an ambassador and resource person, 2) a photo directory of providers, and 3) a list of essential contacts.

In onboarding any new employee, a great deal of documentation must be completed; therefore, a tool is necessary to facilitate the oversight of the onboarding process such as a skills competency assessment. Competency assessments must reflect the knowledge and skills that are expected of the TRN in their specific unit and hospital. During TJC surveys, examiners will review hospital and unit-specific onboarding practices, including competency assessment for the requisite education or experience (10). It is critical that the competency assessments are followed-up by another nurse, such as a nurse manager, who can ensure accountability.

Nurse leaders should be aware of the Joint Commission's Health Care Staffing Services Certification. The Health Care Staffing Services certification evaluates a staffing firm's ability to provide qualified and clinically competent staff to provide safe, quality patient care (7). For example, all of the nurses contracted through the AMN Healthcare travel nurse staffing agency are provided with annual training that is aligned with the requirements of TJC regulations (11). Nurse leaders can reduce costs associated with TRN onboarding by not duplicating the annual regulatory training already offered by the agency. TRNs reported an average of over 18 hours spent completing online orientation modules; Depending on how the facility compensates TRNs for completion of online orientation modules, per hour estimated cost savings for elimination of duplicate online orientation modules approaches the hourly wage of the TRN. Regulatory training for TRNs through the hospital can be eliminated if TRNs are hired from agencies with a Joint Commission

Health Care Staffing Services Certification, resulting in considerable hours saved in onboarding costs and reduction in duplicate work.

Limitations

Although nurses were similar demographically to Faller's (12) study of travel nurses in the U.S. as of 2011, it is unclear whether the findings reported herein are applicable to the current general population of travel nurses. Additionally, the ongoing generalizability of the study findings is uncertain because the travel nurse population shifts over time. Similar cross-sectional studies should be conducted in the future to analyze how TRNs' onboarding needs change throughout time.

Conclusion

This study created an opportunity for TRNs to share their onboarding experiences as well as their identified onboarding needs. Our study adds specific and measurable findings to the limited body of literature supporting hospital onboarding for TRNs. The results of this study have the potential to support hospitals in the development of a streamlined and tailored TRN onboarding that is evidence-based. Significant facility-based cost savings for TRN onboarding could be actualized through the use of TJC Health Care Staffing Services Certification.

References

1. Buerhaus PI, Auerbach DI, Skinner LE, Staiger DO. State of the registered nurse workforce as a new era of health reform emerges. *Nursing Economic$.* 2017; 229-37.
2. Accreditation guide for hospitals. The Joint Commission web site. Published December 5, 2017. Available at: https://www.jointcommission.org/accreditation_guide_for_hospitals/ Accessed April 13, 2019.
3. Onboarding. Google Dictionary web site. Available at: https://www.google.com/search?client=firefox-b-1-ab&q=Dictionary#dobs=onboarding. Accessed April 13, 2019.
4. Held S. Orientation trends. *Healthcare Traveler.* 2012; 34-37.
5. Held S. Defining the ideal orientation. *Healthcare Traveler.* 2013; 19-22.
6. Wightkin T. Determining the best practice for providing orientation to traveling nurses in an inpatient setting. *ProQuest Dissertations and Theses.* 2015; 1-86.
7. Facts About Health Care Staffing Services Certification. The Joint Commission web site. Published January 15, 2019. Available at: https://www.jointcommission.org/facts_about_health_care_staffing_services_certification/. Accessed April 13, 2019.
8. Tuttas C.A. Job integration factors as predictors of travel nurse job performance: A mixed-methods study. *J NCQ.* 2015; 44-52.
9. About Us. The Gypsy Nurse web site. Available at: http://www.thegypsynurse.com/blog/about-gypsy/ Accessed April 13, 2019.
10. Accreditation survey activity guide for Health Care Organizations. The Joint Commission web site. Published February 16, 2018.Available at: https://www.jointcommission.org/2017_survey_activity_guide/ Accessed April 13, 2019.
11. Travel Nurse Staffing. AMN Healthcare web site. Available at: https://www.amnhealthcare.com/travelnurse/ Accessed April 13, 2019.
12. Faller M, Georges JM, Gates MG, Connelly CD. Work-related burnout, job satisfaction, intent to leave, and nurse-associated quality of care among travel nurses. *J Nurs Admin.* 2011; 71-76.

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Table 1 Survey Onboarding Items	
At your last assignment, what type(s) of orientation did you receive? • General hospital • Clinical • Unit-specific with preceptor • Electronic medical record • None	Select all that apply
What is your preferred mechanism to receive general orientation content? • In-person lecture • Online training modules	Select all that apply
At your last assignment, how many hours did you receive of: • Training for the electronic medical record • Unit-based orientation shifts with a preceptor • Completing online training modules	Drop down box # of hours
At your last travel assignment • Were you given a skills competency checklist that outlined the skills expected of you? • Was it mandatory for the skills in the competency checklist to be validated and signed off by another RN?	Yes/No
The skills competency checklist enabled me to understand which skills were expected of me during my travel assignment.	*Likert; Rate 1-4 N/A
What information is critical for you to receive for your travel assignment prior to arrival? • Patient ratios • Float policies • Schedule policies • Orientation structure/length • Telephone conversation with RN manager	*Likert; Rate 1-4
What is your preferred mechanism to receive general orientation content? • In-person lecture • Online training modules	Select all that apply
Information provided in an orientation should be related to the procedures that are specific to the facility rather than general principles. *(For example: how to announce a fire in the building rather than re-teaching the PASS and RACE acronyms for fire safety)*	*Likert; Rate 1-4
I would like to receive my onboarding schedule ___ days prior to the start of my assignment.	Drop-down box # of days
I should be provided with system access codes and computer login IDs within ____ days after starting my travel assignment.	
Completing annual mandatory regulatory modules at *each* travel assignment site is important *(i.e. Hand washing, HIPAA, fire safety)*	*Likert; Rate 1-4
A clearly defined list of minimum documentation expectations would enhance my job performance	*Likert; Rate 1-4
During orientation, I would like experience with: • Key policies & procedures • Practice with medical equipment • Practice with electronic medical record • Learn about unit routines	Select all that apply
A photo directory of providers typically seen on the unit would enhance my job performance	*Likert; Rate 1-4
An ambassador or resource person for travel RNs would enhance my job performance	*Likert; Rate 1-4
I would prefer _____ as my resource person • Experienced unit RN • Another travel nurse • RN Educator • RN Manager	Select one

A list of essential contacts within the organization would enhance my job performance	*Likert; Rate 1-4

* Likert Scale Matrix; Rate 1-4 (1=Not Important, 2=Not Very Important, 3=Important, 4= Very Important)

Table 2 Current Practices

Types of in-person orientation received	**n (%)**
General hospital	84 (60.1)
Clinical	107 (32.8)
Unit-specific w/ preceptor	266 (86.9)
Electronic medical record	193 (63)
None	8 (0.02)
Hours spent in orientation type	**mean (SD)**
Electronic medical record	10.54 (12.52)
Unit-specific w/ preceptor	22.3 (14.35)
Online training modules	18.31 (14.14)
Skills competency checklist	
Received skills competency checklist outlining expected skills, n (%)	190 (65)
Mandatory for skills to be signed off/validated by another RN, n (%)	97 (73)
Enabled understanding of skills expected during travel assignment, mean (SD)	2.61 (0.88)*

**Likert scale matrix 1-4, 1=not important 4=very important*

Percentages may not add to 100% as respondents could endorse more than one category

Table 3 Perceived Needs

Critical information prior to arrival	**mean (SD)**
Patient ratios	3.58 (0.71)*
Float policies	3.23 (0.89)*
Schedule policies	3.35 (0.71)*
Orientation structure/length	2.71 (0.81)*
Telephone conversation with RN manager	3.17 (0.79)*
Orientation should be facility-specific vs. general principles	3.55 (0.71)*
Completing annual regulatory training for each site is important	2.04 (0.77)*
Minimum documentation expectations would enhance my job performance	3.50 (0.64)*
Photo directory of providers would enhance my job performance	3.24 (0.75)*
Ambassador/resource person for TRNs would enhance my job performance	3.37 (0.59)*
List of essential contacts would enhance my job performance	3.50 (0.58)*
Prefer to receive onboarding schedule __ days prior to start of assignment	11.54 (10.79)
Access IDs should be provided within __ days after travel assignment	2.99 (5.39)
Would like more experience with	**n (%)**
Key policies & procedures	232 (75.8)
Practice with medical equipment	209 (68.3)
Practice with electronic medical record	259 (79.4)
Learn about unit routines	267 (87.3)
Prefer ___ as resource person for TRNs	
Experienced unit RN	221 (78)
Another travel nurse	25 (9)
RN Educator	28 (10)
RN Manager	8 (3)
Preferred mechanism to receive orientation content	
In-person lecture	177 (57.8)
Online training modules	167 (54.5)

**Likert scale matrix 1-4, 1=not important 4=very important*

Percentages may not add to 100% as respondents could endorse more than one category