



Learning and teaching in clinical practice

Supporting bachelor of nursing students within the clinical environment: Perspectives of preceptors



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ABSTRACT

Student learning in the clinical environment is a cornerstone of pedagogy for students undertaking a Bachelor of Nursing in Australia.

Method: This paper presents the results of a survey that was conducted with registered nurses who preceptor students for universities in Australia.

Findings: Findings reveal that some preceptors do not hold the qualification they are preceptoring students in their preparation, particularly when that university involvement in preparation of preceptors is scant and that resource provision and communication from universities to preceptors is considered problematic. Registered nurses choose to act as preceptors for reasons that are both altruistic and professional. They are often employed in senior positions and as such find it difficult to manage time and resolve role conflict.

Conclusion: This paper concludes that the registered nurses who preceptor students generally have a positive experience but require greater involvement by universities in their preparation, particularly when they are responsible for the direct assessment of students. The paper posits this may be best achieved by universities creating effective lines of communication and ongoing support. This will sustain collaborative and meaningful engagement with registered nurses who preceptor undergraduate students.

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Introduction

An integral component of nursing education is time spent practicing and consolidating theory in the clinical environment. Within work integrated learning (WIL) curriculums such as nursing, the importance of this type of experiential learning is considerable (Warne et al., 2010). Because of its significant role within nursing education, Moscaritolo (2009) argues that the clinical environment can be a cause of major stress and anxiety for nursing students.

To assist students to successfully navigate the clinical environment registered nurses (RNs) who guide and assess their learning support them. Such staff are known by a variety of names such as facilitator, mentor, peer instructor or preceptor. This paper examines the role of the preceptor who is recognised as an RN who supports student nurses during their clinical placement but is not

an employee of the education provider (university). That is, they are a paid employee of the health service who undertakes the role of the RN as well as having the responsibility to teach and assess undergraduate students as part of their role (Walker et al., 2012).

The importance of exploring the role of the preceptor relates to the significant impact they can have on student learning (Mårtensson et al., 2013; Walker et al., 2012). Walker et al. found that students identified both positive and negative aspects of the preceptored model of supervision. The most positive aspects related to helping students learn, and the benefits brought to their organisation from accepting students for placement. More challenging aspects of the role included role confusion, particularly when the RNs preceptored for more than one education provider and the time they perceived it took to have a student with them. This paper builds on previous research by examining the issues faced by preceptors and their resource needs as well as calling into question the role that the higher education sector plays in preparing and supporting preceptors.

Literature review

A review of the literature was undertaken to contextualise the research described in this paper. A systematised approach using

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search terms which included preceptor AND support AND nursing AND student. The databases searched included Academic Search Complete, Education Research Complete and Science Direct. Within contemporary literature there is recognition of the time, energy and patience required by preceptors and the need for support to fulfil their role efficiently (Yonge et al., 2002). However, the findings concerning the nature of the support needed seem to be inconsistent. The main themes identified in the literature categorised the nature of the support needed by preceptors as the following: the organization's ability to create supportive environments, the university's ability to create supportive environments and the individual's ability to make use of supportive environments.

Clinical organization's ability to create supportive environments

The need for the organisation to create a supportive environment for preceptors is identified in the literature, however there appears to be a lack of consensus on the exact nature of the support needed to create supportive environments. Some researchers strongly argue the need for summary documents indicating the type of support provided by organisational managers and educators (Mårtensson et al., 2013; Henderson et al., 2006), while others did not feel such documents were required (DeWolfe et al., 2010).

Workload and daily routines were identified as the most constraining aspect for preceptors in managing their client load and preceptorship responsibilities (Carlson et al., 2010; DeWolfe et al., 2010; Henderson et al., 2006; Mårtensson et al., 2013). Nurses' clinical responsibilities were primarily seen to be those roles which were focused on direct client care, with preceptoring being perceived as an extra role with minimal acknowledgement in workload allocations. The competing pressures of balancing professional responsibilities of providing safe client care with effective supervision of nursing students often results in poorer performance as a preceptor (DeWolfe et al., 2010). Carlson et al. (2010) reported where workload and daily routines took preceptorship into account, preceptors' felt they had time to precept.

Hyrkäs and Shoemaker (2007) found positive perceptions of preceptoring were related to benefits and rewards offered to nurses taking on the role of preceptor. Carlson et al. (2010) also identified that acknowledgement of preceptors enhanced the commitment of the preceptor to undertake the role in the future. The desire for benefits and rewards is mixed. A study ($n = 295$) by Yonge et al. (2002) found that one third of preceptors surveyed stated they should not receive rewards and of the remainder, more than 80% said a letter of acknowledgement was appropriate and 68% proposed that funding for a professional development event would be appropriate. However, there seems to be no consensus in contemporary literature about the nature of acknowledgement, benefits and rewards and how they should be provided to preceptors.

University's ability to create supportive environments

The need for the university to create supportive environment for preceptors is visibly identified in the literature, however there appears to be a lack of consensus on exact nature of the support needed to create this supportive environments. While there is consensus on the need for preceptor workshops (Reid-Searl and Dwyer, 2005; Henderson et al., 2006; Mårtensson et al., 2013; Hyrkäs and Shoemaker, 2007), there appears to be uncertainty about what the workshops should cover. There are however some exceptions. The United Kingdom Nursing and Midwifery Council (2008) provide standards to support student learning and assessment of students in the clinical environment. These standards define and describe the knowledge and skills nurse and midwives must apply when teaching and assessing students.

Discussion is evident in the literature on the need to include in preceptor workshops information regarding expectations of what students are required to complete during their placements. Workshops should also include information about the level of independence of students, the knowledge and skill levels of students that they bring to the placement, the role of preceptor, the role of the university, legal implications of being a preceptor and policies governing student placements should all be included (Carlson et al., 2010; DeWolfe et al., 2010; Heffernan et al., 2009). It is suggested that effective preceptors will utilise this knowledge to help students learn within the clinical environment.

There is however, little consensus on the role of the clinical organisation and how the clinical placement fits within the student's program of study in preceptor workshops (DeWolfe et al., 2010; Heffernan et al., 2009). The lack of consensus on the need to understand the role of the clinical organisation is confusing given the need for organisational support in managing workload and daily routines to enable preceptors to find time for preceptoring. Providing feedback (Mårtensson et al., 2013) and ongoing support (Hyrkäs and Shoemaker, 2007) throughout the clinical placement are identified as important university preceptor support mechanisms. The preferred delivery method of support by universities is identified as email and small group interactions with little consensus on the value of newsletters and web-based forums (DeWolfe et al., 2010).

Factors that influence preceptors' ability to make use of supportive learning environments

Not well covered in the literature is the preceptors' ability to make use of supportive environments fostered by their clinical organisation and/or the university. The literature highlights past experiences, communication skills and attitude as the main factors influencing the individual's ability to make use of supportive environments provided for their role as a preceptor. According to Carlson et al. (2010) past experiences as a preceptor can influence their expectations, attitudes and performance. Not unexpectedly, positive past experiences will have a positive influence whereas negative past experiences will have a negative influence. Preceptor support should include reflection on past experiences in an effort to deflect negative influences and emphasise positive influences (Carlson et al., 2010). Effective communication skills, being approachable (Heffernan et al., 2009) and their commitment to the preceptor role (Hyrkäs and Shoemaker, 2007) are identified as positive influences on the ability of preceptors to be effective in their role. The invitation to accept the preceptor role rather than the delegation of the preceptor role is identified as a major factor underpinning preceptor's commitment to the role (Carlson et al., 2010; Walker et al., 2012). Therefore, given the ambiguity surrounding elements of what is known about supporting preceptors in their role, this study aimed to determine what registered nurses fulfilling the preceptor role require to assist them in supporting undergraduate student learning within the clinical environment. To fulfill this aim the following research question guided the formation of the study: What do preceptors require in order to support BN students within the clinical environment?

Study design

Participants recruited for this study were RNs all currently working as clinical preceptors of undergraduate nursing student learning. This purposive sample strategy enabled specific parameters for participant selection to occur (Silverman, 2010). The selection of this group of participants provided a study cohort that was best able to assist the researchers understand the problem and address the research question (Creswell, 2009). Data was collected

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