



Being a preceptor—A Nordic qualitative study



Yvonne Hilli ^{a,b,*}, Hanna-Leena Melender ^c, Marita Salmu ^c, Elisabeth Jonsén ^d

^a Novia University of Applied Sciences, Vaasa, Finland

^b Oslo and Akershus University College of Applied Sciences, Norway

^c VAMK, University of Applied Sciences, Vaasa, Finland

^d Umeå University, Umeå, Sweden

ARTICLE INFO

Article history:
Accepted 1 April 2014

Keywords:
Preceptorship
Clinical education
Learning
Student nurse
Interview
Hermeneutics

SUMMARY

Background: Positive preceptor experiences enhance learning and even affect the decisions of students to remain in nursing. In light of this, nurse managers have a responsibility, besides maintaining staff competence, to assess whether preceptors live up to their professional obligations.

Aim: The aim of this Nordic qualitative study was to gain a deeper understanding of the perceived experiences of preceptorship used to support undergraduate student nurses during their clinical education.

Method: Data was collected through narrative interviews with 31 preceptors in Finland and Sweden before being analysed using a hermeneutical approach.

Findings: Preceptorship is all about teaching in a supportive environment with ethical dimensions uniting theory and praxis. A caring relationship is essential and the basis for student learning and development.

Conclusion: The preceptors emphasise a caring relationship as the foundation for student learning. Moreover, preceptorship is an ethical issue, a responsibility that should be recognised by all stakeholders. The findings suggest that preceptorship should be examined from a new perspective. The ethical dimension must be recognised and linked to the further education of preceptors. Nurse managers are in a key position to lead for change.

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Introduction

Preceptorship as a means of clinical teaching is widely in use within nursing as well as in other disciplines. The preceptor is a role model, with a responsibility to inspire students to develop clinical skills and appreciate the value of nursing practice. Preceptorship has been consistently recognised in literature as a strategy to maximise the benefits of clinical education in terms of assisting in the acquisition of skills and knowledge, enhancing confidence and professional socialisation (Happel, 2009).

In a study by Mårtensson et al. (2013), nurses reported that the structural conditions needed for them to work as preceptors must include the ability to receive feedback on their function as a preceptor as well as the ability to plan and prepare the clinical education period, receive support from unit managers, and have specific preception education. However, structural conditions and professional experiences do not explain the preceptors' use of reflection and critical thinking when acting as preceptors. In earlier studies, preceptors have felt that there has not always been sufficient time to precept (Hilli et al., 2011).

However, the quality of supervision is not linked to the quantity of supervision (Walker et al. (2012)). Significant factors determining the effectiveness of perception were seen as the preceptor's own advantageous attitude, capabilities and competence, supportive cooperation with colleagues and lecturers, enthusiasm and active participation with students (Jokelainen et al., 2013).

In many cases, preceptorship is a highly positive experience. Preceptors are often willing and committed to teaching students and want to be actively involved in their clinical education (Raines, 2012). Besides the satisfaction of teaching, preceptors appreciate the feelings of being respected, seeing students develop, imparting the legacy of their profession, strengthening nursing knowledge and increasing their own knowledge base (Danielsson et al., 2009; Carlson et al., 2010; Foley et al., 2012). However, some preceptors seem to lack the pedagogical competence as well as support, feedback, and acknowledgement from the faculty and organisation (Hyrkäs and Shoemaker, 2007; Foley et al., 2012). Furthermore, preceptorship is sometimes experienced as an extra burden, without enough time allocated for it. As the main duty of nurses is considered to be nursing patients, supervision is something that is only done whenever there is time for it (Barker and Pittman, 2010; Carlson et al., 2010; Hilli et al., 2011). Likewise, adequate training in preceptorship does not seem to guarantee the desired learning outcomes in students. According to several studies, student learning and development is based on the relationship between the student and

* Corresponding author at: Seriegatan 2, 65320 Vaasa, Finland. Tel.: +47 67236245
E-mail addresses: yvonne.hilli@novia.fi, yvonne.hilli@hioa.no (Y. Hilli).

the preceptor, and in particular, the preceptors' respect, support and compassion for the student (Danielsson et al., 2009; Koontz et al., 2010; Jokelainen et al., 2011).

Since a faculty has few contacts with students during their clinical education, preceptors see the responsibility of interpreting the academic theoretical knowledge into real situations within health care as challenging (Barker and Pittman, 2010; Foley et al., 2012; Raines, 2012). The findings in the review of Jokelainen et al. (2011) shows that preceptorship integrates individual and organisational aspects. This integration of theory and practice, i.e. development on a professional and personal level, bridges the gap between theory and practice. When combined, all these aspects have a unified importance in student preception.

Success as a preceptor requires a good knowledge of the curricula and more detailed information about the theoretical background the students possess before the clinical period begins. Although it seems obvious that the students' learning objectives should be crucial in perception, that is not always the case. This is because many preceptors are unfamiliar with the learning objectives of the nursing curriculum (Hilli et al., 2011).

According to the Bologna process in Europe, clinical education is incorporated into all courses in Bachelor of Nursing programmes and constitutes 50% of the programme (European Union EU Parliament and Council, 2005). In line with this, clinical education is to be organised in health care organisations outside the faculty and performed by staff nurses. Although there is an abundance of literature regarding what affects student-learning outcomes during clinical education (Walker et al., 2012), what is not known very well concerns what is significant for good preceptorship. In this study we investigated clinical preceptors' perspectives on preceptorship, learning outcomes, feedback, reflection and the connection between theory and praxis in relation to the student nurses' learning process. Our aim with this study is to increase the body of knowledge on the topic of preceptorship.

Aim

The aim of this study was to gain a deeper understanding of the perceived experiences of preceptorship, which is used to support the process of learning and development among student nurses during their clinical education.

Method

Design, sampling, and informants

A hermeneutic approach (Gadamer, 1999) was used in this study since we wanted to gain a deeper understanding and explore the meaning of preceptorship according to those under investigation. With this in mind, thematic interviews were used to discover the message as it was delivered in the language of those under investigation. In hermeneutics, the point of emanation is the *will to understand*, an understanding based on historically evident pre-understanding. Gadamer (1999) emphasises a certain way to withhold pre-understanding in order to acquire an open attitude, i.e. a suspension of our own prejudices. Pre-understanding emanates from a tradition or context, our horizon, and it may facilitate as well as constrain understanding. Hence, interpretation emanates from a certain horizon within which we conduct our thinking. Having an open attitude when confronted with new experiences enables us to see “the otherness” of the phenomenon which does not already exist in our pre-understanding. Understanding is thus a dialectic process, an interaction of the things encountered as well as the self that encounters the things. In this respect, pre-understanding is not merely a memory that one has access to when needed; it also provides direction.

This study is part of a longitudinal study in Finland and Sweden. The nurse managers within health care were asked to name experienced

nurses they considered to be good representatives of preceptors and role models within nursing. The informants were working as qualified nurses in hospitals and primary care and acting as preceptors for undergraduate student nurses during their clinical education.

Based on the above, 27 female and four male preceptors were chosen to participate in this study; 15 from Sweden (Swe) and 16 from Finland (Fin) ($n = 31$). Their ages spanned from 27 to 59 years. These preceptors were working in different contexts, such as medical, surgery, oncology, psychiatric, emergency units and primary care. Their work experience varied between 1.5 and 37 years and the experience of preceptorship varied from 1 to 31 years. Seven of the preceptors (22%) had undergone pedagogical further education in preceptorship.

Interviews

Thematic narrative interviews were conducted in spring 2011, during which the informants spoke on preceptorship, learning outcomes, reflection, feedback and the theory–praxis relationship. A theme guide was constructed for the researchers in order to guide the conversation with the informants. The opening question was, “Could you please tell me *what* preceptorship is according to you?” The character of the interview was a conversation where the preceptors' narratives and the pre-understanding of the interviewer guided the conversation towards deeper understanding. The interviews, lasting between 45 and 120 min, were tape recorded and transcribed verbatim with notations of non-verbal expressions such as silence and laughter. The informants were positive and welcoming in their attitudes towards being interviewed.

Ethical considerations

Ethical issues were considered carefully, and the study conformed to the principles outlined in the ethical recommendations of the *Guidelines of the Finnish Advisory Board on Research Integrity (2012)* and the *ethical guidelines for nursing research in the Nordic countries (2003)*. Approval was obtained from the management within health care. The nurse managers then contacted the nurses and asked if they were interested in participating in this study. In Finland and Sweden there is no requirement of approval from an ethical committee when interviewing staff. All the nurses agreed to participate and the participants were given written and oral information before the interview, including information on the study design, assurance of confidentiality, and the option to withdraw their participation from the study if wished. In addition, the informants were informed about the interview themes, the estimated duration of the interviews and that the interviews would be tape-recorded. A theme guide was sent to the informants in advance. Each interview was allowed to take place during working hours.

Data analysis

The data were analysed using a hermeneutical approach (Gadamer, 1999) in order to grasp *what* the research group narrated about the themes. This meant that each interview was initially read through many times to obtain a picture of the whole. In the second phase, the authors gathered to reflect and discuss the meaning units that emerged. The meaning units, each comprising several words, are sentences or paragraphs related to each other through their content and context. The first author was responsible for the overall analysis and synthesis of the findings. The themes that emerged from the meaning units were then presented and discussed among the authors once more in order to confirm that the findings were in congruence with the original material.

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