



Review

Does Preceptorship improve confidence and competence in Newly Qualified Nurses: A systematic literature review



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ARTICLE INFO

Keywords:

Preceptorship
Preceptor
Preceptee
Newly Qualified Nurse
Confidence
Competence

ABSTRACT

Aim: A systematic literature review to assess whether preceptorship improves confidence and competence in Newly Qualified Nurses.

Background: Preceptorship was introduced into nursing in the United Kingdom in 1991 with the original aim to improve competence and confidence. This systematic review was undertaken to review the evidence of the impact of preceptorship on confidence and competence of nurses in their first year post qualifying.

Data Sources: A comprehensive search of The British Nursing Index, CINAHL, Embase, Medline, PsycInfo, PscArticles, Campbell Collaboration; Cochrane, HMIC, ERIC, ASSIA, Web of Science, Scopus, Scopus Conference, Web of Science Conferences; NHS Evidence, OpenGrey, National Technical, NINR, Opendoar, SSRN, Kings College London and the RCN was conducted.

Methods: A PRISMA structured systematic review was carried out, 14 papers 4 mixed methods, 8 qualitative, 1 scoping review and 1 service development, published between 1996 and 2013 were critically reviewed, and data extracted using thematic analysis.

Results: Four themes were identified from a thematic analysis: measurement, knowledge and experience, support, and structure.

Conclusion: While one-to-one preceptorship does influence confidence and competence, Preceptorship Programmes has greater impact than the individual preceptor. Due to limited empirical research there is no concrete evidence that Preceptorship has a direct impact on confidence or competence. Further research into team preceptorship/choice of preceptors and what impacts on Newly Qualified Nurses confidence and competence is required.

1. Introduction

Nursing education in the United Kingdom (UK) has changed from a practice-based apprenticeship to a theoretical model (Higgins et al., 2010; Harrison-White and Simons, 2013; UKCC, 1986). This change aimed to produce a practitioner who is confident, competent and advocates reflective practice and evidence-based care (UKCC, 1986; Department of Health, 2010).

In response to concerns that the theoretical focus would lead to fitness to practice issues the UKCC (1991) recommend that all Newly Qualified Nurses (NQNs) should undertake a period of preceptorship (Whitehead et al., 2013; Higgins et al., 2010). Preceptorship should support the NQN through the transition from a basic safe practitioner to one that is competent and confident however no definition of competence or confidence was provided by the UKCC (UKCC, 1991; UKCC,

1993).

The term 'preceptor' refers to a person instructing or providing tutorage, and it was in America, when Kramer recorded new nurses experiencing reality shock, that the concept was introduced to nursing (Kennard, 1991; Bain, 1996). Kennard's (1991) summary of the American research reported no significant difference in competence following the introduction of preceptorship.

The NMC (2006) updated preceptorship standards and outlined two new aims: to provide support and guidance to ensure that NQN's practised in accordance with the Code of Professional Conduct: NMC (2008a) and to produce a confident and competent practitioner. All new practitioners were allocated an individual preceptor to provide guidance and advice, with regular meetings and protected learning time for the first year of practice (NMC, 2006).

Current implementation of preceptorship varies from basic

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preceptorship, where NQN's are allocated a preceptor and have regular meetings, to complex preceptorship, with core study days, clinical supervision, set competencies and/or trust wide individuals to coordinate the NQN's development (Clark and Holmes, 2007; Marks-Maran et al., 2013; Avis et al., 2013), the latter will be referred to as complex preceptorship in this review.

There are currently concerns regarding competence and confidence, particularly in relation to the professional's ability to advocate for patients (Francis, 2010). Increasing patient dependency and the expanding role of the practitioner in the fast changing NHS requires a highly skilled and knowledgeable workforce that can provide efficient, effective and compassionate care (Horton et al., 2012; Hartley and Bennington, 2010; Binney et al., 2009). There is, however, limited information regarding the impact on confidence and competence by preceptorship on nurses in the first year of qualifications. This systematic review critiques existing research in relation to the efficacy of preceptorship on improving confidence and competence in NQNs in the UK. Preceptorship is a process for preceptor and preceptee and both roles will be considered.

2. Methods

The review question 'Does preceptorship improve confidence and competence in Newly Qualified Nurses?' was designed to analyse existing evidence and used to find relevant data sources. Using PICO the question was broken into components: population, intervention, comparison and outcome (Table 1). PRISMA guidelines informed the systematic review (Moher et al., 2009).

Searches were conducted between 7th and 9th March 2014 in The British Nursing Index, CINAHL, Embase, Medline, PsycInfo, PyscArticles, Campbell Collaboration; Cochrane, HMIC, ERIC, ASSIA, Web of Science and Scopus. Intervention was searched, using truncation and any MESH term, before adding them together using the Boolean operator 'OR'. Fewer than 200 papers per database were searched manually; search results in excess of 200 were re-searched using the nurse related facets in the population component, followed by newly/recently qualified related facets utilizing Boolean operators to combine the results until the search produced a number that could be search manually. Grey literature searches were performed in Scopus Conference, Web of Science Conferences; NHS Evidence, Opengrey, National Technical, NINR, OpenDOAR, SSRN, Kings College and the RCN in the same timeframe. Where the above strategy could not be

Table 1
The use of PICO to form a search strategy regarding the impact of Preceptorship Confidence and Competence in on Newly Qualified Nurses.

Population	Intervention	Comparison	Outcome
Newly Qualified Nurses	Preceptorship	Nil	Confidence and Competence
Newly qualified	Preceptor		Confidence
New qualified	Preceptee		Confident
Recent qualified	Preceptorship		Assured
Recently qualified	Precepting		Positive
Nurse			Secure
Nurses			
Nursing			
Professional			Competence
Practitioner			Competent
*RN assumed to be included in nurse search term			Capable
			Capability
			Skills/ed
			Abilities/y
			Knowledge/able
			Aptitude
			Proficiency/t
			Experience/d
			Perception

used in the Grey literature sites the Intervention facets were used in turn and the results combined. An overview of search results can be found in Table 2.

The results were reviewed against the inclusion/exclusion criteria (Table 3) at title then abstract level and discarded if they did not meet. The remaining 14 papers were then acquired in full. They consisted of 8 qualitative, 4 mixed methods, one scoping review and one service development, published between 1996 and 2013; their main components are detailed in Table 5. Robinson's (2009) scoping review considered international studies, however only the UK papers reviewed are included here.

The search also identified papers relating to preceptorship in midwifery and although this review focuses on nursing, it was considered that this data might add another perspective and so they were included where they met the remaining inclusion/exclusion criteria.

The Critical Appraisal Skills Programme (2013) was used to assess the qualitative research papers. Silverman's (2006) recommendations for quality assessment of any research paper, was used with Pluye et al. (2011) to adapt the CASP qualitative assessment tool to assess the mixed methodology.

No paper specifically addressed the question posed and therefore a thematic analysis was data was used to pull out evidence related to the question in order to collectively review the data (Noyes and Lewin, 2011) (Table 4).

3. Results

None of the papers defined competence or confidence. From the thematic analysis four key themes were identified: measurement, knowledge and experience, support, and structure. The quantitative data was extracted in full.

The quantitative data is summarised in Table 5 and will be discussed in the qualitative themes. Leigh et al.'s (2005) ten point mean score data has been converted into percentages to improve comparability.

3.1. Measurement – The Theme Measurement Considers What to Measure, Consideration of Previous Experience and how Competence Is Assessed

Measurement considers how clearly goals, experience and competency can be assessed; the impact of clarity on what to measure, consideration of previous experience and how competence is assessed. However, because competence is subjective it is challenging to assess (Clark and Holmes, 2007).

Achieving competency sign off was seen as a significant milestone (Mason and Davies, 2013; Darvill et al., 2014) and objectives were considered to be motivational. One preceptee stated her preceptor communicated clear expectations "...you can't achieve this at the moment but I want you to achieve it in the summer" (Bradley, 1999, p. 215). Clark and Holmes (2007) found that the focus was on competencies rather than overall competence, with ward managers noting that NQN's were focused on completing specific tasks.

Consideration of the individual's abilities in relation to competencies was an issue. While Darvill et al. (2014, p. 1432) reports that the complex preceptorship "helped by recognizing my strengths and areas of future development", both Marks-Maran et al. (2013) and Clark and Holmes (2007) reported previous experience being ignored. One preceptor commented "I'm still expecting to put a lot of input in the 6 months...they have limited practical experience haven't they?" (Clark and Holmes, 2007, p. 1217). NQNs commented "it's almost like putting down what I have achieved ... at university ... you're sort of back at the bottom...it is talked about in the negative tone" (Marks-Maran et al., 2013, p. 12).

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