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Perceptions, Experiences, and Needs of Nursing Preceptors and Their Preceptees on Preceptorship: An Integrative Review

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ABSTRACT

Preceptorship is a commonly used clinical teaching method for new nurses, and perceptions regarding it are varied and come from many sources. The aim of this integrative review is to explore the perceptions of preceptorship from preceptors and newly graduated nurses. Three electronic databases were searched for relevant articles and the Joanna Briggs Institute's critical appraisal tools were used to assess for suitability before inclusion in the review. Twenty articles were included eventually. A total of six focus areas were identified: (a) role of the preceptor, (b) preceptor preparation and support, (c) challenges of being a preceptor, (d) preceptorship significance for newly graduated nurses, (e) needs of newly graduated nurses, and (f) factors affecting the preceptor-preceptee relationship. The impact of preceptorship is significant and especially so on newly graduated nurses who are going through a transition as they enter the workforce. The preceptor functions to teach and additionally provide psychosocial support to the preceptee. Preceptors need to receive preceptor education to effectively carry out their role. Awareness of the preceptor's role by nursing managers can aid in optimizing preceptorship outcomes. Preceptorship helps to ease the stressful transition that new graduates experience. Preceptorship has a potential in nursing retention when utilized in nursing with newly graduated nurses. Hence, perceptions of preceptorship from preceptor-preceptee pairs of varying ethnic backgrounds, nationalities, educational qualifications, and generations can be further explored.

Introduction

Nursing is a practice-based occupation, and nurses need to be closely guided as they start clinical practice. Clinical-based education and guidance are important in facilitating the development of an exemplary nurse (Sedgwick & Harris, 2012). Preceptorship as a clinical learning method has been adopted by many in healthcare sectors, including nursing, medicine, pharmacy, occupational therapy, and dentistry, across various countries (Baird, Bracken, & Grierson, 2016; Homer, 2010; Ockerby, Newton, Cross, & Jolly, 2009; O'Sullivan et al., 2015; Price, 2013; Sakaguchi, 2010). Preceptorship involves the pairing of a more experienced and skilled nurse preceptor to a newer, less experienced nurse preceptee (Happell, 2009). Preceptees are novices in a new clinical area and, hence, are not limited to just nursing students but also includes newly graduated nurses and even experienced nurses who have just transferred to a new department (Bott, Mohide, & Lawlor, 2011). Preceptorship is distinct from other educational strategies like mentorship because apart from the preceptor and preceptee, it requires the participation of a third party. Without official assignment by the third party (usually ward manager), the pairing of the preceptor and preceptee cannot come into being (Yonge, Billay, Myrick, & Luhanga, 2007). This is unlike mentorship where individuals seek out potential mentors and assume a long-term non-professional commitment to one another (Yonge et al., 2007).

Preceptorship offers an individualized learning experience for preceptees in a new clinical area. The preceptor-preceptee pairing offers opportunity for one-to-one guidance within the wards and allows for learning experiences and outcomes tailored to each preceptee (Ockerby et al., 2009). The individualized guidance and supervision that occurs during preceptorship provides preceptees with intensive support as they start their nursing careers. A successful partnership where there is cohesion between preceptor and preceptee not only improves job satisfaction but can also lead to greater patient satisfaction (Chang, Hughes, & Mark, 2006). This means that if effort is directed towards promoting success within the preceptor-preceptee relationship, it can potentially contribute to nursing retention and improved quality in nursing care.

However, with the immense time and effort placed into ensuring a

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good transition experience for preceptees, preceptors are often left with little time for themselves (Lewis & McGowan, 2015; Richards & Bowles, 2012). As such, preceptorship may take a toll on the preceptors, the benefactor in this assigned pairing (Cooper Brathwaite & Lemonde, 2011). These nurses do not solely function as preceptors but also retain their roles as nurses in the wards with their own share of nursing duties. Acute tertiary hospital settings often have high patient turnover rates, staff shortage, and consequently, greater workload for nurses. Hence, the environment in which preceptorship takes place may be deemed suboptimal or inconsistent (Sedgwick & Harris, 2012).

The purpose of this integrative review is to provide an understanding of preceptorship and the currently published perceptions, experiences, and needs of both preceptors and preceptees. This integrative review also intends to identify gaps in research and current practice.

Materials and methods

This review focuses on the following areas: role of the preceptor, preceptor preparation and support, challenges of being a preceptor, preceptorship significance for newly graduated nurses, needs of newly graduated nurses, and factors affecting the preceptor-preceptee relationship. Three databases were searched, including the Cumulative Index to Nursing and Allied Health Literature, EMBASE, and PubMed. The keywords 'nursing graduate', 'newly registered nurse', 'novice nurse', 'newly graduated nurse', 'new nurse', 'preceptorship, preceptors', 'precepting', 'nursing education', 'perceptions', and 'self-concept' were entered separately and in varying combinations during the search process. Only articles published in the past ten years (2006 to 2016) were searched to account for the latest findings on preceptorship in this integrative review. Articles that focused on mentoring or residency, non-graduated nursing students as the participants/main subject, or preceptorship of experienced nurses in new departments were excluded from this review.

As there is no standard format of presenting integrative reviews, the Preferred Reporting Items for Systematic Reviews and Meta-analysis flow chart (Moher, Liberati, Tetzlaff, Altman, & The Prisma Group, 2009) depicting the search strategy was used to obtain the final articles for the review (Fig. 1). Using the search terms, 65 articles were found through the databases. Articles were then filtered to remove duplicates, and the titles and abstracts were scanned for relevance. After this was done, full-texts of the identified articles were retrieved and read to sieve out the most suitable ones for this review. The reference lists of those identified articles were then scanned for suitable articles. The final count of articles was then appraised for quality using the Joanna Briggs Institute's critical appraisal tools. Finally, 20 articles (nine quantitative, nine qualitative, and two mixed-method) were included in this review.

Results

Data were sorted using a standardized table where the relevant data including study design, sampling method, aims, and key findings were entered. This allowed the integration of relevant data. Details of the 20 reviewed articles used in this integrative review can be found in Table 1.

Due to the varied outcome variables, pooling of the data was not possible; hence, a narrative analysis of the included papers was used to report the findings. The analysis was performed independently by the two authors and later discussed for the development of themes. A total of six themes (Fig. 2) were identified: (i) role of the preceptor, (ii) preceptor preparation and support, (iii) challenges of being a preceptor, (iv) preceptorship significance for newly graduated nurses, (v) needs of newly graduated nurse, and (vi) factors affecting the preceptor-preceptee relationship.

Role of the preceptor

According to Marks-Maran et al. (2013), preceptorship offers both a supervisory role and a protective function to newly graduated nurses. Traditionally, the preceptor is seen to function as an educator or a teacher as they guide preceptees in gaining clinical knowledge and skill ability (Richards & Bowles, 2012; Wilson et al., 2013). Boyer (2008) draws out the more tangible functions of a preceptor as safety administrators and competency validators for their preceptees. As a preceptor fosters clinical competence and the bolstering of a preceptee's confidence, he/she develops an effective nurse that displays competence while executing safe practice (Lewis & McGowan, 2015; Muir et al., 2013; Park et al., 2011). In a study done in the United Kingdom, Tracey and McGowan (2015) found that preceptors also have the heavy responsibility of being positive role models by keeping their own knowledge and practice up-to-date.

Apart from teaching and development, another role of a preceptor is that of a socializer (Richards & Bowles, 2012; Wilson et al., 2013). This aspect of the preceptor's role corresponds to the preceptee's psychosocial needs as they first enter the clinical setting. As a preceptor takes care in guiding and orientating a preceptee, the more interpersonal attributes of the preceptor are tapped on (Wilson et al., 2013). Being a socializer, the preceptor offers emotional, mental, and social forms of support (Hautala et al., 2007).

Even though the role of a preceptor is challenging, multiple studies suggest that a successful preceptorship can result in the retention of newly graduated nurses, decreased turnover, and increased job satisfaction (Fox et al., 2006; Lavoie-Tremblay, Paquet, Marchionni, & Drevniok, 2011; Washington, 2013).

Preceptor preparation and support

It may be assumed that any working registered nurse can undertake the role of a preceptor. Although theoretically admirable, reality paints a different picture. A study in New Zealand by Haggerty et al. (2012) revealed that nurses without interest in the preceptor role seem to have a detrimental effect on newly graduated nurses' development. Preceptors who are inconsistent in their guidance or less experienced may even breed frustration and negativity in preceptees (Chesnutt & Everhart, 2007; Washington, 2013). Hence, the preceptor herself is an important contributing factor to success in the preceptorship outcome.

Preceptors guide and support newly graduated nurses as they start working. However, it seems that little emphasis is placed on the guidance and support that goes into preparing preceptors for their important role (Myers et al., 2010). Once chosen, a preceptor needs to be introduced to their new role and responsibilities. A study done in North America reported that since preceptors are clinical nurses by practice, frequent contact with nursing academic staff can aid preceptors in developing the effective teaching skills needed for their role (Forneris & Peden-McAlpine, 2009). Forneris and Peden-McAlpine (2009) also mentioned that engaging newly graduated nurses is a learnt skill. It is crucial that preceptors make use of effective teaching strategies to better support their preceptees. Therefore, formalized training or preceptor education is important and needs to be well-planned and executed (Haggerty et al., 2012). Hyrkäs and Shoemaker (2007) found that a long term provision of this preceptorship education is needed to keep preceptors relevant.

Challenges of being a preceptor

As part of raising a competent practitioner, preceptors need to traverse the fine line between pushing preceptees too hard and sheltering them too much. The unwanted consequences of which are the loss of a valuable staff or the confirmation of an incompetent one. A study done in the United States of America found that throughout the preceptorship period, a preceptor employs calculated decision-making in

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