



The uniqueness of elderly care: Registered nurses' experience as preceptors during clinical practice in nursing homes and home-based care



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ARTICLE INFO

Article history:
Accepted 20 July 2013

Keywords:
Elderly care
Preceptor
Nurse education
Clinical practice
Socio-cultural theory

SUMMARY

The expected shortage of registered nurses with an advanced degree as specialists in geriatric care or gerontology is imminent. Previous studies report that clinical practice where student nurses are supervised by registered nurses has a direct impact on how students perceive nursing as a profession and future career choice. Considering the anticipated need for well-educated and specialised nurses it is therefore, relevant as well as necessary to describe clinical learning with a focus on preceptorship in geriatric nursing care. This paper is a report of a study describing registered nurses' experience of precepting undergraduate student nurses during clinical practice in nursing homes and home-based care. A qualitative design, based on seven focus group interviews, was employed with 30 registered nurses with preceptor experience from nursing homes and home-based care for the elderly. Our findings present three precepting strategies that are unique to elderly care: preparing students for end of life care, facilitating a respectful approach to the older person and promoting creativity and independent work. The findings are discussed using a socio-cultural perspective and illustrate how communities of elderly practice can be valuable learning environments.

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Introduction

The expected shortage of nurses with an advanced degree as specialists in geriatric care or gerontology is imminent. This is mainly due to the rapidly changing global demographic distribution where the group of people over the age of 80 is increasing (Plonczynski et al., 2007). High age is usually followed by the risk of developing a number of different chronic diseases leading to a group of patients with long-term caring needs. An increasing amount of this care is redirected from hospitals to home-health care teams or assisted living intensifying the need for highly qualified nursing care. It is, therefore, alarming when previous studies disclosed that student nurses not only considered care for older people as boring and undemanding, but also as an unattractive career choice (Hayes et al., 2006; Kloster et al., 2007). One reason for not pursuing a career in geriatric care was explained by McCann et al. (2010) as poor quality of clinical placements. In addition, the quality of supervision by registered nurses has been found to have a direct impact on students' perception of the nursing profession (McKenna et al., 2010; Koskinen et al., 2012).

Robinson et al. (2008) discussed the importance of a comprehensive and effective orientation into aged care. It was suggested that a welcoming attitude by staff as well as support from mentors was central during practice placements. Furthermore, studies by Berntsen and Bjørk (2010)

as well as by Koh (2012) confirmed that supportive guidance from nurses, influenced students' perception of a positive learning experience in nursing homes. Brown et al. (2008) proposed that enriched learning environments, and well-prepared preceptors increased students' interest in elderly care nursing. On a similar note, Skalvik et al. (2012) concluded that professional dialogue between student and preceptor had a positive influence on the learning environment promoting an improved attitude to elderly care. In contrast, Deschodt et al. (2010) painted a rather bleak picture of aged care settings as poor clinical placements lacking proper role models and engaged preceptors. Students may develop negative attitudes towards the care of older people if they experience impoverished care environments and substandard care from health care staff (Abbey et al., 2006). In addition, Mossop and Wilkinson (2006) questioned whether nursing homes, with a frail and sick population, were appropriate placements for student nurses. Nevertheless, clinical placements are usually considered as important guidance into the coming profession, and supportive learning environments where preceptors are well prepared have the potential to increase students' interest in a particular field of nursing (Brown et al., 2008; Koskinen et al., 2012; Skalvik et al., 2012). However, few studies have explored the perspective of the preceptors. Considering the anticipated need for well-educated and specialised registered nurses, the expected shortage of expert nurses is a burning topic for nurse education. Consequently, we deemed it necessary to address how preceptors present their work to nursing students during clinical practice as a means to increase students' interest in geriatric care.

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Aim

The current paper reports findings from a qualitative study that aimed to describe registered nurses' experience of precepting undergraduate student nurses during clinical practice in nursing homes and home-based care.

Methods

A qualitative design, utilising focus group interviews as data collection method, was employed as a means to explore the subjective experience of preceptors. The strength of the focus group interview is the ability to capture the interaction between participants who share experience and perspectives (Freeman, 2006) reflecting the social realities of cultural groups (McLafferty, 2004).

Participants and Data Collection

In Sweden, social welfare and health care for older people is the responsibility of local municipalities, usually organised as home-based care or long-term care in nursing homes. In the current study, elderly care was used as the common term describing care for older people in nursing homes and in home-based care. Through the assistance of link teachers, known to the researchers, a convenience sampling of registered nurses (RNs) with preceptor experience was performed. This strategy yielded 30 RNs divided into seven groups (5 + 4 + 3 + 4 + 3 + 7 + 4). The groups represented RNs from various areas in the studied region of southern Sweden. Four groups comprised RNs working in rural areas, and three groups comprised RNs from ten boroughs of a larger city. They were all working in nursing homes as well as in home-based care. The mean age of participants was 46 years (25–64), and their mean professional experience was 20 years (1½–42). The RNs acted as preceptors for student nurses from year one and three in an undergraduate bachelor programme.

All interviews were conducted by the first author (EC). The participants were encouraged to elaborate upon their experience as preceptors in elderly care, and the discussions were prompted by the question: *How would you like to describe precepting in elderly care?* During interviews, follow-up questions were asked when discussions raised issues that needed to be clarified. Typically, this was achieved by asking questions phrased as: *Can you tell me a bit more? Can you please give an example?* The interviews were held either at the different workplaces or at the university where the authors work. Interviews were conducted by using a digital voice-recorder and lasted between 57 and 96 minutes (mean 75 minutes). Seven interviews were considered sufficient with this specific population despite two groups with only three participants each. However, smaller groups with expert participants have proven to be effective for complex topics (McLafferty, 2004).

Analysis

The interviews were transcribed by the first author (EC), followed by independent reading by both authors (EC and MB) as a starting point for the analysis. In previous research by the first author (Carlson et al., 2009, 2010; Carlson, 2013) precepting in acute care settings was in focus. These studies described time, trust and reflection as key aspects of precepting undergraduate nursing students. Similar aspects emerged during analysis of the present data as well; however, as elderly care was the setting for the current study, it was decided that the analysis should focus on meaning units unique to this specific setting. In line with the tradition of naturalistic inquiry (Lincoln and Guba, 1985) the inductive process of analysing started by identifying meaning units illustrating the nurses' experiences as preceptors. The meaning units were then sorted into coded subcategories, and the meaning of each subcategory was explained and clarified. Finally, the subcategories

were abstracted into three categories describing preceptor strategies unique to elderly care (Table 1).

Rigour

During the analysis process, the emerging results as well as the interpretations have been checked and discussed among the authors until consensus was reached. Credibility was ensured by presenting data by verbatim quotes and explained by the authors' interpretation. Furthermore, the process of peer review (Rolfe, 2006) was performed when a preliminary analysis of transcribed text from the interviews was discussed with a group of fellow researchers at the university, where the authors hold positions as senior lecturers.

Table 1
Examples from the analysis process.

Meaning units	Subcategories	Meaning (explain and clarify)	Category
You have to explain to your student how important it is to listen to first of all your patients and accept their wish to die in their own bed (P2) Focus group 1	Being cared for at home	Preceptors reflect with students on the meaning and significance for an elderly person to be able to stay at home and being cared for to the end.	Preparing students for end of life care
In a nursing home, you always work close to death, this is where we can teach a young person the true meaning of dignified care (P 26) Focus group 7	Dignified Care	Preceptorship is to have the courage to discuss the meaning of dignified care and the difference between curative and palliative care.	
You cannot just open the door and walk straight in without asking (P 3). No, even if it is a room in a nursing home it is actually their home you know (P 4) Focus group 1	Being a guest	Preceptorship is to promote a respectful approach and learn how to consider yourself as a guest in the home of a older person.	Facilitating a respectful approach to the older person
You have to teach them [the students] that caring for an older person is all about the whole person, it is not a merely a question of symptoms or diagnoses (P 13) Focus group 4	Promoting person-centred care	Preceptors stress that elderly care is to teach holistic care.	
It is fascinating when you work in home based care and you have to show students how you prepare your iv,[intra venous] drips in the kitchen using a picture hook to hang it on (P 16) Focus group 5	Nursing as creativity	Preceptorship is about showing students how you, as a nurse, have to think outside the box while maintaining a high degree of patient safety.	Promoting creativity and independent work
I think they hear a lot about geriatrics being dead boring when they are in the hospitals (P 7) Yes, after a while they [the students] realize that the work is so much more (P 8) Focus group 2	Challenging attitudes	Preceptors argue that caring for older people in geriatric settings is a complex and advanced nursing competency	

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