



What are the structural conditions of importance to preceptors' performance?

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SUMMARY

Background: Preceptors play a critical role in the process of developing nursing students' knowledge, skills and ability to make independent and critical judgments, however relatively little is known about what aspects are associated with nurses' performance as preceptors.

Objectives: To investigate structural conditions and professional aspects of potential importance to nurses' perceptions of their performance as preceptors, and to evaluate the validity and reliability of a questionnaire measuring nurses' perceptions of being a preceptor.

Methods: The study had a correlational design. Total population sampling (N = 1720) in a county council district in central Sweden was used to screen for nurses with recent preceptor experience, 933 nurses responded (response rate 54%), of those 323 nurses fulfilled the inclusion criteria. The present findings are based on data from 243 of these subjects. Data were collected with a questionnaire and analyzed using multiple regressions analyses, exploratory factor analyses and reliability coefficients.

Results: The results show that aspects such as receiving feedback on the function as a preceptor, being able to plan and prepare the clinical education period, receiving support from unit managers and having specific supervision education explain 31% of nurses' overall view of their performance as preceptors. However, structural conditions and professional experiences could not explain preceptors' use of reflection and critical thinking when acting as preceptors. These findings are discussed within the framework of Kanter's structural theory of power in organizations. Further, the psychometric evaluation showed that the questionnaire is a valid and reliable instrument for measuring nurses' structural conditions for and perceptions of their performance as preceptors.

Conclusions: Structural conditions such as feedback and support seemed to strengthen nurses' general view of their performance as preceptors but did not seem to facilitate nurses' work toward the aim of higher education and helping nursing students develop critical thinking.

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Introduction

In Sweden, nursing education is a 3-year Bachelor's program (180 credits) leading to a Bachelor of Science in Nursing. In line with European Union directives (Council Directives 1977:453; 1989:595), clinical education is an essential part of this 3-year program. There is an ongoing challenge for universities to ensure that clinical education, as well as the theoretical parts of the program, meets the goals of higher education (SFS, 1992), including academic requirements as independence, responsibility, critical thinking, capability to use research, and formulate and solve problems. During clinical education,

nursing students are expected to advance their knowledge and develop critical thinking and problem-solving skills by making independent and critical judgments. In this process, preceptors – commonly registered nurses who also have responsibility for patient care – play an important role (Carlson et al., 2010a). According to the Swedish National Board of Health and Welfare (2005), registered nurses are expected to have competence in both of these tasks, i.e. simultaneously taking care of patients and supervising nursing students. However, this dual function has been found to be problematic (Danielsson et al., 2009; Pellatt, 2006), and preceptorship has been described as a complex task involving both intrinsic rewards and extrinsic demands (Omansky, 2010), and as particularly stressful for nurses (Hautala et al., 2007).

Background

Preceptors' important and complex role has been a subject of increasing attention during recent decades. An integrative review conducted by Omansky (2010), including 20 studies published from

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1999 to 2009 (mixed method, qualitative and quantitative), represents nurses' experiences of acting as a preceptor in three themes: *role ambiguity* (lack of clear descriptions and a gap what is envisioned and reality), *role conflict* (managers' lack of recognition of extra work) and *role overload* (work overload and stress resulting from a lack of understanding on the part of managers and co-workers). Recent empirical study has shown similar findings. A high workload leads to difficulties in setting aside time for supervision, and this situation is not adequately supported by unit managers (McCarthy and Murphy, 2010). Carlson et al. (2010b) used an ethnographic approach (participant observations and focus groups) to investigate the conditions under which precepting takes place. They found three perspectives: the *organizational* (nurses need to prioritize patient care and precepting is something added on top of their clinical work), *collaborative* (nurses need collegial support and relations with colleagues are of importance), and *personal* (nurses' own experiences of the preceptor role, need for feedback and notions of benefits). Preceptors have reported a need for feedback and recognition of the role as preceptor through evaluations made by students, unit managers and university staff (McCarthy and Murphy, 2010) and a need for support from the university regarding the responsibilities and demands connected with the preceptor role (Landmark et al., 2003; Luhanga et al., 2008). Positive associations between perceived benefits and rewards and commitment to the role as preceptor have been found (Dibert and Goldenberg, 1995; Hyrkäs and Shoemaker, 2007), as well as relationships between professional experience and satisfaction with received support (Hallin and Danielson, 2009; Hyrkäs and Shoemaker, 2007).

Theoretical Framework

Rosabeth Kanter's structural theory of power in organizations (1993) provided the theoretical framework for the study. The theory has been tested in nursing populations (e.g., Laschinger, 1996) and among nursing educators (Sarmiento et al., 2004) and as a conceptual framework in a sample of preceptors (Dibert and Goldenberg, 1995) and was found to be useful.

According to Kanter (1993), staff behaviors and attitudes at the workplace are determined mainly by social structures and less by personal predispositions. This means that staff are empowered when the work environment provides opportunities for the power they need to carry out job demands. It is evident that nurses working in a high-workload environment, where they are expected both to take care of seriously ill patients and to supervise students, are exposed to demands. Kanter claims that formal and informal power facilitates access to four important empowerment structures (*opportunities, support, information and resources*). Formal power could be the recognition in the organization that precepting is an important prioritized and attracted task and informal power networks and alliances with peers. Kanter means that individuals with access to empowerment structures can perform the task with a high level of motivation. Access to *opportunities* refers to opportunities to learn and grow, *support* to feedback and leadership, *information* access to what is expected in a particular role, for example the preceptorship and *resources* refers to e.g. time needed to carry out the task.

In summary, there is evidence that the preceptor role and the nurse's dual function is complex; precepting is something added at the top of already high work load. The task of preceptors has been found to be demanding with lack of recognition and preceptors have requested feedback and support. Several structural conditions at workplace have been described to facilitate as well as obstruct this role. Most of these studies are descriptive and less is known about what aspects are associated with and of importance to nurses' performance as preceptors. Based on earlier research we hypothesized that if nurses have access to the power structures described by Kanter (1993) their self-reported performance as preceptors

consequently will increase. In 2000, Hallin and Danielson developed a questionnaire measuring nurses' preparations for the preceptorship, perceived support, encouragement, feedback and appreciation from others (i.e. structural aspects) in the work environment as well as how they act when supervising nursing students (Hallin, 2009). The questionnaire seems to measure several of the structural conditions of importance that are identified in the literature. The questionnaire has shown face and content validity, but further tests are warranted (Hallin and Danielson, 2009, 2010).

The aim of the present study was twofold: first, to investigate structural conditions (e.g., perceived support and conditions at work places) as well as professional aspects (e.g., education level, years as a nurse) of potential importance to nurses' perceptions of their performance as preceptors and second, to evaluate the validity and reliability of a questionnaire measuring nurses' perceptions of being a preceptor for nursing students.

Method

Design

The study had a correlational design (Polit and Beck, 2012).

Sample and Setting

In the present study, the term *nurses* refers to registered nurses, the term *preceptor* to the nurse responsible for day-to-day supervision of nursing students and the term *nursing students* to students in a Bachelor's program in nursing. To screen for nurses with experiences working as a preceptor total population sampling was used. The population consists of all nurses working at hospitals run by one county council district in central Sweden. Permission was received from the second-line managers and a list of eligible participants was obtained and coded. A questionnaire together with a stamped return envelop were sent to all nurses' home address (n = 1720), and those who had been a preceptor for nursing students during the past three years were asked to complete and return the questionnaire. After two reminders 933 nurses responded (response rate 54%) of those 323 nurses fulfilled the inclusion criteria and returned the questionnaire.

An agreement between the university and the county council district covers the functions and competencies for those involved in nursing students' clinical education. The structure of supervision is inspired by the model presented by Hallin and Danielson (2010). Preceptors responsible for day-to-day supervision should hold a Bachelor's Degree in nursing and specific supervision education. A head preceptor with function to support both students and preceptors and introduce the students in the clinical setting should hold a Master's Degree in nursing and specific supervision education. A clinical lecturer employed by the university has the overall responsibility for the students' clinical education, including assessment and grading of the students' learning outcomes.

Data Collection

Data were collected from March to April 2010 using the questionnaire developed by Hallin and Danielson (2009). In total, the questionnaire contained 35 items measuring descriptive background data (i.e., personal and professional characteristics) and 53 items measuring structural conditions for, and perceptions of, the function as a preceptor (on a 4- or 5-point scale). Where 43 of the 53 latter items include the response alternative "cannot assess."

Data Analysis

Data were analyzed using PASW statistics version 18.0. Psychometric evaluation of the questionnaire included construct validity

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