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The effect of preceptor role effectiveness on newly licensed registered nurses' perceived psychological empowerment and professional autonomy

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ABSTRACT

The first year turnover rate for newly licensed registered nurses is roughly 30% and increases to about 57% in the second year (Twibell et al., 2012). An effective preceptorship has been shown to better facilitate the first year transition (Hodges et al., 2008) and increase retention rates (Pine and Tart, 2007). The purpose of this study was to examine the relationships between newly licensed registered nurses' perceived preceptor role effectiveness, psychological empowerment and professional autonomy. A prospective, cross-sectional, descriptive research design was used. Sixty-nine newly licensed registered nurses were recruited and surveyed. Newly licensed registered nurses were found to have moderately high levels of perceived preceptor role effectiveness, psychological empowerment, and professional autonomy. Preceptor role effectiveness had significant, moderately, positive relationships with professional autonomy and psychological empowerment. There was also a significant relationship found between professional autonomy and psychological empowerment. Results show that preceptor role effectiveness is linked to increased professional autonomy and psychological empowerment. Therefore, effective preceptorships are necessary in easing the newly licensed registered nurse's transition to practice. Strategies to ensure effective preceptorships and enhance the NRLN's transition to practice are proposed.

Introduction

With today's dynamic health care environment and the current global nursing shortage (Littlejohn et al., 2012), the need to recruit and retain newly licensed registered nurses (NLRNs) is essential. Hodges et al. (2008) found that the transition into practice for a NLRN is a time of extensive learning, yet often referred to as difficult and stressful. NLRNs have cited developing competence and confidence as the most difficult aspects of the transition into nursing practice (Hodges et al., 2008). In order to further understand and address these challenges, factors that most influence NLRNs' successful transition into the first year of practice must be considered. One factor that influences the NLRN's successful transition into practice is the guidance and support from an effective preceptor during a structured preceptorship (Hodges et al., 2008). A nurse preceptor is a competent, experienced nurse that guides, observes, and evaluates a less experienced nurse's ability to perform clinical skills with competence and apply critical thinking and organization skills when managing a group of patients in a specific setting (Garneau, 2012). A preceptorship involves one-to-one pairing of an experienced nurse (nurse preceptor) with a less experienced nurse to provide "individualized supervision, support, and teaching" to the less experienced nurse with the goal of achieving selected learning objectives (Giallonardo et al., 2010, p. 994). Hodges et al. (2008) found that during the time of transition, NLRNs rely heavily on the nurse preceptors they are paired with during the preceptorship to answer questions, provide guidance, and serve as a resource to ease stress and fill gaps in knowledge.

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Background/literature

Researchers have shown that preceptors play a significant role in the NLRN's transition from nursing student to experienced professional (Lee et al., 2009; Marks-Maran et al., 2012). Done correctly and effectively, preceptorships have the potential to ease NLRNs' transition into practice (Park et al., 2011). Effective preceptorships have been shown to increase NLRNs' retention rates by anywhere from 15% to 37% (Pine & Tart, 2007). Preceptorships have been shown to give NLRNs the increased confidence and competence (Mills and Mullins, 2008) needed to function with autonomy and feel psychologically empowered in their new role. High levels of perceived professional autonomy have been linked to increase job-related empowerment (Laschinger and Finegan, 2005), higher levels of job satisfaction, and better quality of care (Giallonardo et al., 2010). Increased psychological empowerment has been associated with increased work effectiveness (Casey et al., 2010; Laschinger et al., 2009), higher job satisfaction and retention rates (Casey et al., 2010), and better patient outcomes (Laschinger et al., 2003).

Studies regarding psychological empowerment and professional autonomy and their relationship to NLRNs are limited (Mills and Mullins, 2008). Moreover, few researchers have examined how an effective preceptor or preceptorship alters these relationships (Spiva et al., 2013). A plethora of research (Casey et al., 2010; Giallonardo et al., 2010; Kramer et al., 2011; Laschinger et al., 2009; Lee et al., 2009; Marks-Maran et al., 2012; Park et al., 2011) is available on the effects of the preceptor and the NLRN experience and/or overall transition, but no literature was found that directly examined the relationships between NLRNs' perceived preceptor role effectiveness and NLRNs' perceived levels of professional autonomy and psychological empowerment. Therefore, this study purposed to directly examine these relationships. The research questions used to guide this study were:

1. What is the perceived level of preceptor role effectiveness among newly licensed registered nurses?
2. What is the perceived level of psychological empowerment and professional autonomy among newly licensed registered nurses?
3. What are the relationships between newly licensed registered nurses' perceived preceptor role effectiveness and perceived levels of psychological empowerment and professional autonomy?

Methods

Design

A prospective, cross-sectional, descriptive research design was used. This research design was used to describe and examine the relationships between NLRNs' perceptions of preceptor role effectiveness, psychological empowerment, and professional autonomy.

Sample

The sample consisted of recent graduates from a baccalaureate nursing degree program. To ensure an adequate sample size and input from NLRNs, a convenience sample of NLRNs was recruited. Participants inclusion criteria included: 1) must be 18 years or older, 2) able to speak and read English, and 3) licensed as a registered nurse for 24 months or less. The 24-month time period was selected because NLRN turnover rate is greatest within the first and second year of transition (Twibell et al., 2012). Recruitment took place from August 2013 to October 2013. A power analysis was conducted to estimate sample size using G Power software (Faul et al., 2009) to ensure adequate statistical power for data analysis. With a power of .80, an alpha of .05, and an effect size of .30, 85 NLRNs were needed for the sample.

Protection of research participants

Prior to any data collection, ethical approval for the study was obtained from an Institutional Review Board (IRB). Participants completed a consent form that explained the purpose of the study, their rights as research participants, the estimated time involved to complete the research instruments, the fact that participation was voluntary, and that they could withdraw from the study at any time. Completion of the surveys indicated participants' consent to participate in the study. Participants were advised that all information was kept secure and confidential. No participant identifying information was collected on the study questionnaires. Collected information was only shared with those directly involved in the research and/or data analysis. All data were stored on a password protected jump drive and stored in a locked file cabinet when not in use by the researchers.

Data collection procedures

Data collection took place via Survey Monkey, an online survey-compiling program. The online survey consisted of a consent form, a demographic questionnaire, the Preceptor Role Effectiveness Scale (PRES), the Psychological Empowerment Scale (PES) (Spreitzer, 1995), and the Schutzenhofer Professional Nursing Autonomy Scale (SPANS) (Schutzenhofer, 1987). The PES and SPANS scales were found from a thorough review of literature and used with the permission of the authors. After the review of literature, no instruments were found that measured perceived level of preceptor role effectiveness among NLRNs. Therefore, the Clinical Instructor Characteristics Ranking Scale (CICRS) (Rauen, 1974) was revised for this study to examine perceived level of preceptor role effectiveness among NLRNs with permission from the author. For the purposes of this study, the revised scale was labeled the Preceptor Role Effectiveness Scale (PRES).

With permission from the Associate Director of the Undergraduate Nursing Program, NLRNs' email addresses were obtained for graduates from the previous two years. NLRNs were sent a link to the survey via a solicitation email that invited them to participate in the research study. To enhance participation and response rates, a tailored design method (Dillman, 2000) was used. This method involved sending three email solicitations to encourage participation in the study. The first email invited the NLRNs to participate in the study and provided a link to the survey. A second email, also with the link to the survey, was sent two weeks after the initial email as a reminder of the opportunity to participate in the study. A third email, to again remind participants of the opportunity to participate in the study and to ensure sufficient sample size for statistical analysis, was sent two weeks after the second email.

A total of 634 email addresses were obtained to solicit participation in the study. Of the 634 emails addresses provided, 123 email addresses were deemed invalid resulting in 511 valid email addresses in which to send the survey link. One hundred and one participants responded to the survey resulting in a 19.76% response rate indicating a low response rate overall. Of the 101 participants who responded to the survey 15 declined to participate, five had incomplete data sets, and 12 did not met the inclusion criteria. A