Understanding clinical nursing education: An exploratory study

CrossMark

Sherry Dahlke [a, *], Maureen O'Connor [b], Teresa Hannesson [b], Karleen Cheetham [b]

[a] Faculty of Nursing, University of Edmonton, 11405-87th Avenue, Edmonton, Alberta T6G 1C9, Canada
[b] Faculty of Health and Human Services, Vancouver Island University, 900 Fifth Street, Nanaimo, British Columbia V9R 5S5, Canada

ARTICLE INFO

ABSTRACT

Clinical experiences are recognized as a critical aspect of nursing education, highlighting the importance of the perspectives of those providing clinical instruction. The aim of this mixed methods descriptive study was to discover the knowledge and guidance needs of preceptors and clinical faculty who provide clinical instruction to Bachelor of Science in Nursing (BSN) students. Fifteen clinical faculty and 17 preceptors were surveyed using a questionnaire developed and piloted by the researchers. Although preceptors and clinical faculty reported a high level of knowledge and confidence in their ability to guide student nurses, they also identified the need for additional support for their teaching roles. Analysis of the qualitative data provided insights into what helped and what hindered clinical instruction, as well as what could enhance clinical instruction. The development, implementation, and evaluation of formal education and mentorship processes for preceptors and clinical faculty are recommended in order to meet these knowledge and guidance gaps. Further research is also needed to explore how to clinical instruction could be tailored to the capacity of those engaged in the experiences and to clinical environments.

Introduction

Instruction in clinical environments is widely acknowledged as a core component of nursing education (Ard et al., 2008; Brown et al., 2008; Tanda and Denham, 2009). The student learning that occurs in the clinical environment builds the foundation for the ongoing development of student nurses' critical thinking and decision-making skills (Ard et al., 2008; Phillips and Vinton, 2010; Tanda and Denham, 2009) as well as developing their professional practice competency. The perspectives of the clinical experience predominately represented in the literature are those of student nurses and academic faculty, not from individuals engaged in direct clinical instruction (Dahlke et al., 2012). In spite of the importance of clinical education, a clear understanding about how to effectively support individuals who are engaged in clinical instruction is lacking. Uncovering the knowledge and guidance needs of preceptors and clinical faculty is a first step toward enhancing the effectiveness of clinical instruction. In our local setting we wondered if we were adequately meeting the information and guidance needs of those providing clinical instruction. We wanted to take a closer look at the experiences of preceptors and clinical faculty.

Literature review

Within the literature individuals engaged in clinical instruction are identified by diverse titles and various roles. In this paper, we categorize the individuals engaged in clinical instruction into two distinct groups – preceptors and clinical faculty. A preceptor is described internationally "as the person who acts as a clinical support for undergraduate nursing students during clinical placements" (McCarthy and Murphy, 2010, p.235). We expand on that definition to include in their role the provision of direct clinical instruction to students. We defined clinical faculty as nurse educators who work for an educational institution and provide both direct or indirect supervision, and evaluation of students in the clinical environment, as well as support preceptors who are working with students.

While the literature presents more information about preceptors' perspectives than clinical faculty's perspectives of clinical instruction, common challenges for both groups can be identified. These challenges include complex workloads (Butler et al., 2011; Foley et al., 2012; McCarthy and Murphy, 2010), inadequate

communication (Hawthorne et al., 2009; Lui et al., 2010), deficits in formal support for their roles (DeWolfe et al., 2010; Scroczynski et al., 2013), and diverse student needs (Larocque and Luhanga, 2013; Taniqama et al., 2012). Demanding workloads are identified as one of the biggest challenges for both preceptors and clinical faculty. Preceptors report limited time available to fully engage with student nurses, which also increases the need for clinical faculty to be more present and involved with students (Andrews and Ford, 2013; Butler et al., 2011; Chen et al., 2011; Foley et al., 2012; Hawthorne et al., 2009; McCarthy and Murphy, 2010; Richards and Bowles, 2012; Shahsavari et al., 2013; Taniyama et al., 2012). Ineffective communication between preceptors and clinical faculty can lead to preceptors being excluded from clinical instruction and the student evaluation process (Hawthorne et al., 2009; Lui et al., 2010; Taniyama et al., 2012) and deficits in the information clinical faculty receive about the clinical agency (Taniyama et al., 2012; Whalen, 2009). Preceptors also report deficient communication from nurse colleagues (Chen et al., 2011; Liu et al., 2010), and supervisors (Duffy, 2009) about their effectiveness as a preceptor.

Both preceptors and clinical faculty believe they are inadequately prepared for their roles, leaving them to rely on previous experiences (Yonge et al., 2008) and to learn their teaching roles through trial and error (Andrews and Ford, 2013; Gazza and Shelenbarger, 2010). Preceptors identify gaps in their own understanding of educational theory, such as how to help students learn, the various learning styles, and different teaching modalities (DeWolfe et al., 2010; Scroczynski et al., 2012). Both preceptors and clinical faculty find it challenging to work with students who are exhibiting knowledge gaps (Larocque and Luhanga, 2013; Taniyama et al., 2012) or who appear to lack initiative (Kalischuck et al., 2013; Raines, 2012; Taniyama et al., 2012). Clinical faculty also find it challenging to work through understanding students' and preceptors' perceptions about students' practice in order to determine if there are concerns that need to be addressed (DeWolfe et al., 2010; Foley et al., 2012).

Preceptors are looking for more supportive mentoring from their clinical managers, nursing peers and clinical faculty, such as constructive feedback about how they are working with students (DeWolfe et al., 2010; McCarthy and Murphy, 2010; Martensson et al., 2013). Clinical faculty value networking with their peers and want more opportunities to discuss challenges and to learn new educational tools and tips from their colleagues (Heshmati-Nabavi and Vanaki, 2010).

Although, the literature offers some insights into what preceptors and clinical faculty might find supportive, it does not provide insight into preceptors' and clinical faculty's perceptions about whether they feel confident in their knowledge about how to guide student nurses in these complex clinical environments. Gaining a greater understanding of how to better support clinical instruction and how to address challenges has relevance to school accreditation processes, the teaching experience for preceptors and clinical faculty, the student learning experience, and potentially to the quality of care received by patients. In our teaching intensive university, resources and the workload assigned to faculty demonstrate a commitment to student learning as a priority. Most of our nursing faculty are involved in clinical instruction and work closely with preceptors in our geographic region. Over the last five years, we have had an increase in the numbers of new faculty and have not had a formal orientation process in place for preceptors. We have only been able to provide our preceptors with a preceptorship manual and some impromptu guidance, leading us to wonder if we were adequately meeting the information and guidance needs of those providing clinical instruction. A closer look at the experiences of preceptors and clinical faculty's experiences was warranted.

Research design

The aim of this study was to gain an understanding of how to better support clinical instruction by discovering the knowledge and guidance needs of preceptors and clinical faculty who provide clinical instruction to Bachelor of Science in Nursing (BSN) students. A pilot mixed methods descriptive design was conducted through a questionnaire developed by the researchers. A sample of the questions is provided in the appendix. The questionnaire consisted of: (1) ten Likert scale style questions asking individuals to rate their perceptions about whether they had the information they needed to work with nursing students; (2) two questions asking individuals to rate on a scale of one to ten their perceptions about their knowledge and confidence in working with student nurses; (3) open-ended questions inquiring about supports and challenges in working with student nurses; and (4) demographic questions.

The Likert style questions were designed to uncover the extent to which preceptors and clinical faculty had the knowledge and support they needed to work with student nurses, and to what degree they understood their role and the processes to follow if they had concerns (see Appendix). We based the questions from the challenges identified within the literature and from questions posed to the researchers during their previous interactions with preceptors and clinical faculty in their teaching roles; thus the questionnaire was considered to have content validity. Factor analysis of this part of the questionnaire identified one common construct (which we are calling information) with a KMO of 0.81, p < .01, suggesting construct validity. The internal reliability of our questionnaire was supported with a Cronbach's alpha of 0.881.

After ethical approval had been obtained from the university and the health authority, data collection began. Faculty teaching in the BSN program received a questionnaire in their university mailbox inviting individuals who were involved in clinical instruction to participate in the study. Preceptors were recruited to participate in the study through the distribution of questionnaires through clinical leaders on their units and through information sessions. Clinical leaders on the nursing units were asked to put envelopes into nurses' mailboxes that contained the questionnaire, an invitation to participate, and a self-addressed stamped envelope to return the completed questionnaire. During information sessions on the units, the researchers explained the purpose of the study, invited questions, and distributed envelopes containing the questionnaire to nurses. Respondents could receive a coffee card if they mailed a form in a self-addressed envelope separate from the questionnaire envelope, to maintain the confidentiality of respondents.

We received 15 completed questionnaires from clinical faculty for a 50% response rate and 17 completed questionnaires from preceptors. We cannot determine the response rate of preceptors because we do not have accurate information about how many questionnaires were distributed by the clinical leaders into the Registered Nurses (RNs) mailboxes. Table 1 provides an overview of the demographic information. Quantitative data were analyzed using S P S S version 18.0 software to examine the means of participants 'confidence in their information, knowledge and guidance of clinical instruction. Qualitative data were hand-coded and analyzed using interpretive descriptive analysis (Thorne, 2008).

Results

Data analysis revealed very similar levels of confidence in information, knowledge, and ability to guide students among preceptors and clinical faculty. Although clinical faculty felt more confident (M = 42.07, SD 4.47) about having the information they need than did preceptors, the mean scores for preceptors still