



Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees



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ABSTRACT

In this study setting, preceptors, who were clinical teaching assistants and hospital employed nurses assist through an interactive process preceptees, who were nursing students, in developing clinical skills and integration into the culture of the clinical area. Therefore, roles and responsibilities of preceptors should be clear and meet the expectations of preceptors and preceptees. This study aimed at comparing similarities and differences of perception to roles and responsibilities as held by nurse preceptors and their preceptees in relation to how important such roles and responsibilities are, and how frequently preceptors attend to the role. A self-administered questionnaire using Boyer's (2008) roles and responsibilities was completed by a convenience sample of 87 preceptee and 62 preceptors amounting to 66.9% and 77.5% response rate respectively. The questionnaire included 43 items and two 4-points Likert-type scales: "Importance of", and "frequency of attendance to roles". Two versions were developed: one for preceptors and the other for preceptees. The reliability (Alpha values) was .944 for the importance and .973 for the frequency of attendance scales. Mean scores indicated agreement among the two groups in relation to importance of, but to disagreement in relation to frequency of attendance to certain roles and responsibilities. Both groups perceived roles and responsibilities as important but varied with significant difference in rating preceptors' frequency of attendance to their roles as educators and facilitators.

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Introduction

The concept of *role* has two perspectives: structural and interactionist (Nye, 1976). The structural focuses on the culturally defined duties and expectations, while the interactionist focuses on how individuals during their interaction with others adopt and act out roles. In this study setting, a clinical collaborative model was created between a college of nursing and a teaching hospital in Saudi Arabia. The two institutions work together to maintain order in the clinical training of nursing students as follows:

- The college of nursing uses nurses as preceptors to train and achieve the clinical objectives of the students in different courses while they are in the clinical area.
- These preceptors are college employed clinical Teaching Assistants, and hospital employed staff nurses who are experienced registered nurses.
- The faculty (course coordinator) is responsible for setting the environment to achieve the clinical learning objectives for specific courses while making sure that the students across the different clinical units get appropriate exposure (Omer et al., 2013).

Thus adopting the structural and interactionist perspectives, nursing students develop professional knowledge, attitudes, and skills at the clinical setting through an interactive process with preceptors who as role models facilitate students' integration into the culture of the clinical area.

Preceptors' roles and responsibilities were identified as essential content areas that require clarification (Rogan, 2009). However,

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limited evidence is available on preceptors' roles (Panzavecchia and Pearce, 2014; Sundler et al., 2014). Authors indicate that job descriptions did not include precepting responsibilities (Younge et al., 2008), and unsupportive management negatively impact the development of preparation programs and the effectiveness of preceptors training (Whitehead et al., 2013; Chang et al., 2014).

In this study setting, nurses who are usually selected as preceptors are those who are skillful, have attended a preceptorship course and possess excellent nursing judgment. They perform direct patient-care activities and act as clinical trainers to students. They are diverse in nationalities and language and provide care for patients and precepting students from yet another culture. Preceptors clear roles and responsibilities should be established based upon their expectations to enhance success and satisfaction. Therefore, this study is concerned with the assessment of roles and responsibilities of preceptors as perceived by both, preceptors and their preceptees to identify and bridge any discrepancies in their perceptions.

Literature

Several authors defined preceptorship and the responsibilities of the preceptors (DeWolfe et al., 2010; Hefferman et al., 2009; Park et al., 2011; Sambunjak et al., 2009; Udilis, 2006), and explored preceptors attributes, preceptorship models, and challenges (Boyer, 2008; Hallin and Danielson, 2009; Mamhidir et al., 2014; Omer et al., 2013; Riden et al., 2014).

For example, De Wolfe et al. (2010) defined preceptorship as “a teaching-learning method of an inexperienced person (student) with an experienced person (registered nurse)” (p. 98); Park et al. (2011) stated that preceptorship is “the involvement of novice or newly qualified nurses during the transition year from student to registered nurse” (p. 41). Udilis (2006) describes preceptorship as “a one-to-one relationship between a registered nurse and a student during an intense limited period of time” (p. 20).

However confusion exists between preceptors and mentors. According to Hefferman et al. (2009) a preceptor is a registered nurse who has been prepared for the role of supervision, teaching, assessment and who gives continuous feedback while a mentor is an experienced, trusted reliable, nurturing counselor who has a long term relationship with the mentee. Others perceived the preceptor's role as similar to that of a mentor (Panzavecchia and Pearce, 2014) while Sambunjak et al. (2009, p. 72) indicated that preceptor is synonymous with mentor and it refers to a registered nurse who has completed a preceptorship course. In UK, mentors must meet the Nursing and Midwifery Council outcomes; they should successfully complete a preparation programme which encompasses eight domains, each with identified outcomes (NMC, 2008).

Preceptors' roles/attributes

The literature on the roles of the preceptors emphasizes their responsibility to secure a safe learning environment where student and patient safety is ensured (Chen et al., 2012; Hilli et al., 2014). However, the conflict between preceptors achieving their responsibilities and the lack of enough time for them to fulfill their roles emerges as a very common theme in literature (Broadbent et al., 2014). Also, preceptors who receive educational preparation are more willing to precept (O'Brien et al., 2014), and preceptors' moderate commitment to their role necessitate support from within the nurses' employment framework (Natan et al., 2014).

From the students' perspectives, challenges such as anxieties over making mistakes (Vaismoradi et al., 2014; Steven et al., 2014) or lack of role models were noted when preceptors were

unsupportive, unhelpful, intimidating, or overly critical (O'Mara et al., 2014). Workload demands and the scarcity of constructive feedback that link research results to practice posed problems to students who may experience difficulties (Kalischuk et al., 2013; Hallin and Danielson, 2009). In contrast, themes such as offering support, offering encouragement, encouraging development, increasing confidence, increasing knowledge, offering guidance, advising, assessing and meeting needs, and having a role model (Panzavecchia and Pearce, 2014) contributed to the clarity of preceptors' roles and responsibilities.

Moore (2009) emphasized a multi-faceted role of the preceptor as: teacher, facilitator, role model, provider of feedback, adept user of adult learning principles, advocate, and socializer. Considering how models of preceptorship influenced these important roles, Omer et al. (2013) study showed that these preceptor's roles were significantly more satisfactory in a model that required intensive mentoring than another model that increases students' independence and self-directed learning. However, Mamhidir et al. (2014) studied peer learning and traditional supervision as two models of clinical education, the findings showed that peer learning encouraged critical thinking among students and made them feel more responsible for their own learning.

Boyer (2008) developed a model to define practice-based nursing role and responsibilities in performance outcome statements in order to structure the learning and assessment process of preceptors, and to determine performance goals for nurse interns. This model supports change from the classroom teaching to the clinical practical environment, taking into consideration the many cultural differences among students and preceptors. It included 43 responsibilities along four roles namely: protector, evaluator, facilitator, and educator.

Based upon the literature provided by previous studies and contradictory outcome of some of these studies, it is important to search and clearly define roles and responsibilities which could be critical to preceptors optimum functioning, and preceptee success in achieving their expected role.

Aim of the study

The aim of this study was to describe the expectations of “nurse preceptors roles and responsibilities” as held by nurse preceptors and their preceptees, and to identify areas of consensus and disagreement in relation to how important such roles and responsibilities are and how frequently preceptors attend to their roles and responsibilities. Specifically, this study aims at finding answers to the following questions:

- Which role(s) and responsibilities are important and more frequently attended to by preceptors as reported by nurse preceptors themselves?
- Which role(s) and responsibilities are important and more frequently attended to by preceptors as reported by preceptees?
- Is there a significant difference between roles and responsibilities of preceptors which are important and more frequently attended to by preceptors as reported by themselves and their preceptees?

Methods

Study design

Descriptive and comparative design; It compared similarities and differences of perception to “roles and responsibilities of preceptors” of preceptees, who were nursing students and preceptors who were clinical teaching assistants and hospital employed nurses

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