



Group supervision to strengthen nurses in their preceptor role in the bachelor nursing education – Perceptions before and after participation

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ABSTRACT

Background: A collaborative project was carried out at four bachelor nursing colleges in Sweden and Norway, to support preceptors in the clinical fields by means of group supervision.

The aim of this study was to investigate the preceptors' views on their own ability and satisfaction in the role before and after taking part in group supervision during one year and to describe their perception of the supervision model used.

Method: Forty-five preceptors participated in the study. Baseline and endpoint questionnaires were used for data collection.

Results: Before taking part in group supervision most preceptors expressed that they were content with their ability and knowledge with regards to the preceptor role. Despite this most of them considered that the participation had increased their ability to supervise students, and more than half of them considered that it also had promoted to their personal development. At the end of the project a majority of them had positive experiences of group supervision. Most of the structure and climate factors in the supervision model were considered important and almost all were highly realised. **Conclusion:** The study showed that group supervision could be a valuable tool to provide support to clinical preceptors in bachelor nursing education.

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Introduction

The transition of nursing education to a full professional academic education, which took place during the 80s and 90s in Sweden and Norway as in many other countries, has been accompanied by different challenges. One of these has concerned how to deal with the supervision of students in the clinical fields. Hautala et al. (2007) claimed that nursing students were mainly supervised in their clinical placements by nurses who were selected as preceptors due to their skilfulness as clinical nurses. However, Coates and Gormley (1997) stressed that being knowledgeable in nursing practice does not automatically provide competence for being a skilled preceptor. Studies have shown that the competence of preceptors may differ a lot (Gray and Smith, 2000; Mc Carthy and Higgins, 2003). Many preceptors have been found to be poorly prepared for the preceptor role (Andrews and Chilton, 2000;

Andrews et al., 2006) and to be unaware about the learning goals of the nursing education (Lambert and Glacken, 2005). Smedley (2008) reported that the dominating pedagogic idea among preceptors was that of masters' modelling of novices. Other authors have found deficiencies in the collaboration between preceptors and the nursing faculty (Corlett, 2000; Billay and Myrick, 2008). Nowadays, preceptors are expected to support the students in nursing skills on a daily basis, and provide emotional support in encounters with frustrating and threatening events (Öhring and Hallberg, 2000; Evans and Kelly, 2004). In addition, they are expected to inspire the students in their effort to combine theory and practice by means of critical thinking (Myrick and Yonge, 2004). Many studies have highlighted that preceptors are expected to precept students in addition to their daily work. This often gives them feelings of stress and inadequacy because of shortage of time (Carlsson et al., 2009a). The students' need for supervision sometimes must be put aside, when the patients' need of care is calling (Landmark et al., 2003).

Accordingly, the expectations on the preceptors are comprehensive, and a huge body of research has illuminated their great

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need of support in the preceptor role (Andrews et al., 2006; Magnusson et al., 2007). Attempts have been made to support preceptors by means of training in the preceptor role (Rogan, 2009) as well as involvement of nurse lecturers in the clinical practice (Shuttleworth et al., 2008). For many years group supervision has been used and also evaluated as a valuable tool in supporting professional and personal growth both for nurses (Arvidsson et al., 2001; Hyrkäs et al., 1999), and for students in pre-registration nurse training (Carver et al., 2007; Lindgren et al., 2005). However, research about utilization of this method to support nurses in their preceptor role is scarce.

A collaborative project

In the light of this background a collaborative project was carried out at four bachelor nursing colleges in Sweden and Norway where group supervision previously had been used as a means to support nurses and/or nursing students. In the project group supervision was offered during one year to nurses who acted as preceptors of pre-qualified nursing students in the clinical part of the bachelor nursing programme. The overall aim of the project was to increase the understanding of how group supervision could contribute to nurses' growth in the preceptor role and to explore strengths and weaknesses of the supervision model used. A part of the project is already presented (Anonymous reference).

The group supervision model

The supervision model chosen is well-known in the Nordic countries (Lindgren et al., 2005). It is influenced by confluent education theory (Francke and Erkens, 1994) highlighting the importance of combining cognitive and affective elements in the learning process. It is also influenced by Rogers (1965) concerning the impact of the learning environment and the group leader, and Gibbs (1988) concerning the reflective process. Based on these ideas a group contract is agreed upon emphasising structure factors such as voluntariness, continuity, confidentiality, responsibility and willingness to self-development, and climate factors of genuineness, acceptance, empathy, support, thrust and challenge. In each session, one participant is chosen to be 'in focus' and narrate a situation from their work with patients, which is used as a starting point. The other participants help the focus person to widen the understanding of the situation by asking reflective questions. In our project a slight change was made concerning the focus of the supervision. Instead of situations from nurses' daily work with patients, the participants were asked to bring situations from their work as preceptors to the group. At the end of each session, time was used for the exchange of information and practical issues related to students' clinical training and supervision (Danielsson et al., 2009). Ten group sessions lasting for 2 h each

were offered during the project year. The sessions took place during work-time.

The leaders of the groups were seven nurse lecturers from the collaborating institutions, who were well acquainted with the clinical courses in the nursing programme, and certificated as leaders of the group supervision model.

Aim

The aim of this study was to investigate the preceptors' views on their own ability and satisfaction in the role before and after taking part in group supervision, and to describe their perception of the model used.

Methods

The design in this study was descriptive and comparative.

Participants

Sixty-four nurses, working as preceptors of pre-qualified nursing students in hospital care or community care, were invited by their employers to participate in the study. The inclusion criterion was to be presumptive preceptors to students during the project year. After an introduction meeting (led by the researchers) forty-eight nurses agreed to participate. These were formed into four Swedish and three Norwegian supervision groups, with 6–8 participants in each group. Forty-five participants were included in the study. Excluded were those who did not participate in the follow-up survey, and/or were absent more than four in ten group supervision sessions. Demographic data is shown in Table 1.

Measurement instruments

Two questionnaires were used in the study: one for the baseline and one for the follow-up measurements. The baseline questionnaire was designed by the research group covering demographic data. Further, the questions covered the participants' views on their own ability to fulfil the requirements from the nursing college, and their satisfaction in the preceptor role related to the academic nursing education. The follow-up questionnaire was in two parts; one part containing the same questions as in the base-line and another part containing a questionnaire which had previously been used by Lindgren et al. (2005). This part covered questions about structure and climate factors in the group supervision model used. These questions were addressed in two ways that evaluated both the importance and the realization of the factors. In addition the preceptors' experience of group supervision was asked for. The response categories in the questionnaires were Likert-type scales

Table 1
Demographic data.

	Total (n = 45)		Swedish preceptors (n = 25)		Norwegian preceptors (n = 20)	
	n	%	n	%	n	%
Female/male	40/5		23/2		17/3	
Age (years)						
20–29	7	16	1	4	6	30
30–39	9	20	4	16	5	25
40–49	14	31	8	32	6	30
50–	15	33	12	48	3	15
Diploma degree	40	89	22	88	18	90
Bachelor's degree	5	11	3	12	2	10
Postgraduate courses after RN	18	40	17	68	1	5
Experience of group supervision	22	49	11	44	11	55
Preceptor training course	21	47	17	68	4	20
Years of experience as RN (mean ± SD)	12 ± 11		18 ± 10		5 ± 5	

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