



An exploration of nursing preceptorship and functions and nurses' intention to stay from the perspective of cultural differences



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SUMMARY

Background: Culture has a great impact on human behavior; this is the key for organizational cultures in the Chinese society where relationships and hierarchy are emphasized and is especially exerted to the utmost by relationalism in Taiwan's collective society.

Purpose: The purpose of this study was to explore the differences in the nature of preceptorship and functions between Eastern and Western cultures.

Methods: An exploratory research design was used. Qualitative field interviews were carried out with 20 new nurses who had worked in hospital settings for one year or less.

Results: In addition to the existing phases of a mentoring relationship, we drew out another preceptorship function dimension which represented the unique family ethics and superior–subordinate relationships in the Chinese nursing field and also added an important function, the quasi-family functions to the mentoring.

Conclusions/Implications for Practice: With the in-depth understanding of preceptorship in the Chinese culture, the development of localized teaching strategies for preceptors could effectively improve new nurses' job satisfaction and intention to stay and reduce their reality shock and role ambiguity.

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Introduction

Culture has a great impact on human behavior; this is especially true in the Chinese society of Taiwan where relationships and hierarchy are emphasized. Most studies support the positive impact of preceptorship on new nurses' work efficacy and attitude as well as organizational efficiency and therefore promote the establishment of preceptor programs (Kram, 1985; Whitehead and Holmes, 2011; Chen et al., 2006). Kram (1983) divided the mentoring relationship into four phases as follows: (1) initiation phase, during which time the relationship begins and develops. Mutual understanding and recognition between senior and junior members are achieved; (2) cultivation phase, during which time the mentor and mentee benefit from interactions and the emotional bond strengthens. The mentee achieves protection and career promotion from the mentor, which expands mentoring functions to the maximum level; (3) separation phase, during which time the mentor is available on a less frequent basis and the mentee is getting more autonomous. This phase involves a structural and psychological separation; (4) redefinition phase, during which time the role ambiguity in a

mentoring relationship occurs following the separation phase. With the end of a mentoring relationship, the relationship generally transforms into a new, mutually supportive partnership or peer-like friendship. In sum, a mentoring relationship in the West is considered to mark a milestone in career development. Several scholars categorized positive mentoring functions into two dimensions as follows (Kram, 1983, 1985; Burke, 1984; Noe, 1988): (1) career functions, which help the mentee learn the ropes of the organization and secure advancement, such as supporting advancement and promotion, creating opportunities for the mentee to demonstrate competence and capability, coaching the mentee with strategies for getting job opportunities, providing protection, and delegating challenging assignments; (2) psychosocial functions, which enhance the mentee's sense and identity of self-competence as well as the efficacy in a professional role, such as providing role modeling, providing support and encouragement, offering counseling, and sharing informal information and experiences related to work or outside the work setting. Using a factor analysis, Scandura (1992) removed role modeling from psychosocial functions (Kram, 1983, 1985; Burke, 1984; Noe, 1988) and extracted it as a third distinct dimension. Role modeling functions involve behavior modeling as well as inspiring, professional, and coaching competence of the mentor.

Current studies regarding mentoring relationships and functions have been mainly conducted on participants from business organizations in the West. However, the degrees of closeness and distance of social (interpersonal) relationships that are emphasized in Chinese

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relationalism have different connotations from the equality and individualism noted in the West. The concept of Western preceptorship and functions may not necessarily suit the unique Chinese culture and society that embrace high power distance and familism. A rushed attempt to apply preceptorship and function scales developed in the West to the research issues in Chinese society usually leads to the neglect of significant and unique phenomena. On the other hand, further exploration is required to examine whether the dimensions that represent unique preceptorship and functions in Chinese society have a greater impact on new nurses' work behaviors, values, and attitudes than career, psychosocial, and role modeling functions. Therefore, the current study conducted in-depth interviews with 20 new nurses to understand their recognition of preceptorship and functions in the Chinese culture and further analyzed the differences of recognition regarding preceptorship and functions between Eastern and Western cultures as well as their impact on nurses and their intention to stay.

Methods

Participants

This study carried out qualitative field interviews with 20 new nurses who had worked in hospital settings for one year or less from two medical centers located in southern Taiwan. The mean years of work experience was 0.5 years and the mean age was 23.2 years. Of the 20 participants, 18 were women and 2 were men (Cases 6 and 17 were men and the others women). Four of them had other nursing work experience for approximately 3 to 6 months (Cases 4, 9, 10, 11); 5 of them were transferred from part-time to full-time nurses (Cases 2, 4, 17, 18). The divisions of work included internal medicine (Cases 2, 4), surgery (Cases 1, 6, 7, 11, 14, 15, 16, 18), gynecology and pediatrics (Cases 5, 8, 9, 12, 13), emergency (Cases 3, 17), operating room (Case 10), and ICU (Cases 19, 20). Four nurses had left the job at follow-up (Cases 11, 16, 19, 20), one of which left the nursing field and worked as a research assistant (Case 11). Data were collected from March to May 2013.

Prior to data collection, this study was reviewed by the Institutional Review Board of the study hospitals. All participants were explained the purpose, contents, and procedure of the study and asked to sign an informed consent form. All participants were informed that no personally identifiable information would be disclosed and that they could withdraw or terminate participation at any time.

Data Collection

Posters and snowball sampling were used to individually recruit participants. The interview dates, times, and locations were chosen for the convenience of the interviewees. Except for informed consent forms (in which names and codes were delinked), all the data such as field diary, audio recordings, and text transcripts were encoded to maintain the confidentiality of the participants. All participants agreed to have their interviews audio recorded. The audio recordings were transcribed and then destroyed. The text transcripts were carefully kept by the researchers.

During the interviews, we asked the following outlined questions: (1) "Could you please talk about your impressive experiences since leaving school and entering the workforce (past or current job)?" (2) "Could you please describe your interactions with preceptors from your perspective as a new nurse?" (3) "Could you please describe the most impressive experiences of events and coping when working with preceptors?" (4) "Could you please talk about the impact of preceptors on your intention to stay (professional or organizational retention)?" During the interviews, the researchers adjusted the direction and depth of an interview based on each interviewee's situation and response and tried not to affect or interrupt each interviewee's thoughts and emotional expressions. Each interview lasted 45 to 180 min. Follow-up information on

interviewees' perception and job dynamics was obtained via other contact methods.

Data Analysis

A "categorical-content" approach proposed by Lieblich et al. (1998) was used to analyze the connections between new nurses' growth processes and interpersonal relationships with preceptors as well as their impact on intention to stay. The data analysis proceeded as follows. First, we transcribed the audio recordings of all interviews verbatim and preliminarily organized the text transcripts. Then, we carefully read the text transcripts and extracted statements related to new nurses' growth processes as minimal units of meaning. The common characteristics of meanings were then clustered and similar themes were grouped as categories. We repeatedly examined the text transcripts to enhance the depth and breadth of categories. In order to satisfy demands for rigor, we followed the criteria of credibility, dependability, fittingness, consistency, and neutrality as suggested by Graneheim and Lundman (2004) and Sandelowski (1986). To enhance correctness, we repeatedly listened to the audio recordings for at least three times and conducted a peer check to ensure the consistency of text transcripts with audio recordings. Two weeks after data analysis, we randomly selected the paragraphs from text transcripts and conducted a content analysis again. The categorization was compared with the original one and revealed a consistency of 95%. Each text transcript was analyzed by at least two researchers, and the inter-rater reliability was found to be 80%. Consensus discussions were also held with regard to the inconsistency in categorization. Additionally, all of the obtained data including notes, text transcripts, and audio recordings were stored and preserved for reference purposes to ensure the conformability of the study.

Results

Three major themes emerged from the categorized interview data: the stages of a preceptorship, the differences of preceptorship, and quasi-family functions.

Stages of a Preceptorship

The results showed that the development process of a mentoring relationship in nursing was similar to the four stages proposed by Kram (1983). In Taiwan, the "Two-year Post Graduate Training Program for Nurses" has been fully implemented since 2007 (Yin, 2013). Although the training programs are not consistent among hospitals, there are certain scheduled programs designed for preceptors to help new nurses adapt to the field. Moreover, most stage transitions can be traced. Based on explicit nursing competence and degrees of closeness and distance in interpersonal relationships, we divided a mentoring relationship into three stages: start-up stage, growth stage, and maturity stage.

- (1) Start-up stage: New nurses who had just graduated from school had fewer opportunities to practice skills and techniques and were unable to work independently to provide patient care. However, in this stage a mutual understanding was established through new nurses' close-knit relationships with preceptors. For example, one nurse said, "The patient and family know that I am a newbie with the preceptor xxx. For the first month, I observed the preceptor taking care of the patient and helped her pass medications. Because my preceptor is the head nurse, she is very busy, but before the shift ends, she will ask if I am okay and debrief about the day" (Case 1). In addition to the establishment of relationships with preceptors, the training programs in this stage mainly focused on functional nursing tasks, such as turning, sputum suction, and familiarity with nursing routines. Preceptors would also actively monitor

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