



Lived experiences of clinical preceptors: A phenomenological study

Ming Liu ^{a,*}, Yin Lei ^b, Zhu Mingxia ^c, Yuan Haobin ^a

^a School of Health Sciences, Macao, Polytechnic Institute, Macao SAR, China

^b Management Board of Macao Polytechnic Institute, Macao, SAR, China

^c Kiang Wu Nursing College, Macao, SAR, China

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SUMMARY

The aim of this study is to explore the clinical preceptors' experiences and the meanings of their lives in clinical teaching. A phenomenological approach was adopted, and a 'snowballing' sampling method was used to recruit 20 clinical preceptors. Data were collected using audio-taped individual interviews. A content analysis was conducted and the results were clustered into four themes, which are (a) 'teaching is learning', (b) 'being unable to do what one would like to do', (c) 'experiencing bittersweet moments', and (d) 'being a role model and acting as a mother'. These findings demonstrate that the clinical preceptors are experiencing diverse feelings, both positive and negative. Strategies that address the needs of clinical preceptors must be developed in order to foster the positive experiences, and to retain experienced clinical preceptors.

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Introduction

The Macao nursing education system has been experiencing remarkable changes in the past decade together with Macao's political system, leading to the development of its special contextual features. This has attracted the present researchers to perform an in-depth study in this area, with focus on the experiences of clinical preceptors. The two nursing education agencies in Macao are a charity agency which was founded in 1923 and a government-funded agency, founded in 1964. Both had implemented hospital-based training systems before Macao was handed over to the People's Republic of China (PR China) from Portugal in 1999. Since then, nursing education has been transformed from hospital-based training to university education, from a three-year diploma program to the "3+1" supplementary bachelor degree (three-year diploma graduates plus one-year supplementary study), and recently to the current four-year baccalaureate degree program. Simultaneously, clinical practice has been reformed from clinical nurses' supervision of students to clinical nurse and nursing faculty's cooperative supervision. The clinical nurses are appointed to be the preceptors by the hospital management board each year when receiving the university's request letter. The university pays remuneration to the appointed nurses according to their supervision hours. Under this situation, the supervision of students is the clinical preceptors' part-time job, but not their genetic responsibility.

Clinical teaching is seen as 'the core of all nursing education' and viewed as a complex act requiring the integration of many skills (Sales, 1996). The clinical learning experience of student nurses is of

vital importance described as the 'heart' of professional practices (Forrest et al., 1996) because it is beneficial to students in their transition from nursing student to staff nurse by providing a real-world experience (Usher et al., 1999). However, with increased nursing programs and constrained faculty resources, clinical teaching task is mostly put on the shoulders of clinical professional nurses (Smedley, 2008). Studies have shown diverse attitudes of preceptors participating in nursing education, including the optimistic manner of intensifying personal satisfaction, self-enrichment and energy; conversely, pessimistic thoughts include stress and overstrain (Kitchin, 1993; Baltimore, 2004; Kupferman, 2005). In general preceptors are experiencing a strong conflict between the competing demands of providing patient care and fulfilling their precepting role (Massarweh, 1999; Yonge et al., 2002).

Clinical nursing supervision is recognized as a challenging profession with high impact on the quality and capability of future nurse, which attracted intensive research in this area. However, despite of the recent significant changes in Macao nursing education, study associated with clinical preceptor practicing in Macao is limited. This study is aimed at the understanding of the life experiences of clinical preceptors in Macao context.

Literature review

Clinical teaching is a valuable component of nursing education. It provides an opportunity for student nurses to apply theory in practice. Clinical preceptors play a vital role in this transition because they are the ones who facilitate the development of knowledge, clinical skills, and professional attitudes in nursing through guidance, supervision, role modeling, and personal development of the students (Smedley, 2008).

* Corresponding author. Tel.: +86 853 83998602.

E-mail address: karryliu@ipm.edu.mo (M. Liu).

Studies on the experiences of clinical preceptors have shown diverse findings. The personal enrichment, nonmonetary rewards and benefits appear to be the most positive feelings experienced by clinical preceptors (Kitchin, 1993; Atkins and Williams, 1995; Baltimore, 2004; Kupferman, 2005; Henderson et al., 2006). Kitchin (1993) reported that being selected as a preceptor increases the registered nurse's self-esteem as he or she is being recognized for clinical expertise, teaching ability and professionalism. Dibert and Golderberg's (1995) study found a sense of being needed, of being recognized professionally, and the recovery of lost self-esteem are the reasons for being clinical preceptor. Henderson et al. (2006) concluded that the intrinsic rewards and opportunities for personal and professional growth were identified as the important reasons for taking precepting role among their study participants.

However, preceptor role has been mostly classified in the literature as challenging and stressful. Bizek and Oermann (1990) found that there was little or no job satisfaction due to lack of time, little workload relief and low incentives. Forrest et al. (1996) indicated that the clinical preceptors reported problems in developing meaningful clinical teaching roles because of other workload commitments, as a result, they defined themselves either as primarily 'nurses' or as primarily 'teachers'. Robinson et al. (1999) proposed preceptors may experience difficulties balancing intense supervision of students while simultaneously maintaining clinical independence. Yonge and associates' (2002) study found 75% of clinical preceptors reported some degree of stress, and the most common sources of stress were originated from extra responsibilities and time required.

In addition, frequently reported negative experiences from previous studies include multiple responsibilities, exhausting, endless questions, unrealistic expectations from students, the complexity of preceptor/student relationship, and evaluating students, particularly when negative feedback is required (Hayes, 1994; Sales, 1996; Coates and Gormley, 1997; Robinson et al., 1999; Yonge et al., 2008).

Morton-Cooper and Palmer (1993) pointed out that there is a risk of 'burnout' if the highly qualified and valued staffs are repeatedly under additional obligations without appropriate rewards and support. Thus, the perceived needs and expectations of the clinical preceptors need to be understood and addressed in order to have their retentions (Usher et al., 1999). Nevertheless, as Sales (1996) commends that the literature available on clinical teaching demonstrates the need for the researcher to carefully consider the contextual features of the clinical environment as it relates to the experience of being a clinical preceptor (Watts, 1990).

Research methodology

Design

A qualitative phenomenological approach was adopted in this study to inquire into the description of human lived experience. The philosophical ideas of Husserl (Ni, 1994) were used in illuminating the phenomenon experienced by clinical preceptors. Husserl is generally acknowledged as the principal founder of phenomenology and 'it was he who first put forward bracketing as a means whereby the researcher could look at things as they actually appear, unencumbered by any preconceptions, biases or judgments' (Beech, 1999, p. 36). 'Bracketing' is a fundamental methodological principle in phenomenological research; researchers must first identify any preconceived motions or ideas about the phenomenon under investigation. Having identified these ideas, the researchers must bracket or separate out of consciousness what they know or believe about the topic under investigation. Bracketing requires researchers to remain neutral with respect to belief or disbelief in the existence of the phenomenon. Essentially, researchers set aside previous knowledge or personal beliefs about the phenomenon under investigation to prevent this information from interfering with the recovery of a

pure description of the phenomenon (Streubert-Speziale and Carpenter, 2003). Understanding these principles is essential for researchers to conduct a phenomenological study. Therefore, before data collection, we did very limited literature reviews on the clinical preceptoring experiences in order to 'suspend' our preoccupied beliefs; and during data analysis, we invited three research assistants to simultaneously decode the same transcript.

Participants

The participants consisted of 20 clinical preceptors. The 'snowballing' sampling method was applied since the selection was based on having first-hand experience with the phenomena of interest. This ensured that they were best situated to meet the purpose of the study (Streubert-Speziale and Carpenter, 2003). The researchers personally knew several participants and asked them to refer others who then referred more. The general criteria for inclusion were being a registered nurse, currently working in a clinic and having at least 3 years' clinical teaching experience. The participants aged from 29 to 55; nursing experience was from 7 to 30 years; among them, three were masters degree holders, 11 held bachelor degrees and the remaining six had associate degrees.

Data collection

Before data collection, the bracketing process has put aside assumptions and biases that were possessed by the researchers. This is an action of "suspending one's various beliefs in the reality of the natural world in order to explore the essential structures of the world" (Van-Manen, 1990, p.175). Research team members received a half-day's training and all processes were rehearsed several times. Data were collected using audio-taped individual interviews. The participants were encouraged to share their experiences and the meanings of their lives in clinical teaching. The interview venues were chosen according to participants' convenience and willingness; the absence of noise and the participants' privacy were also considered. Each interview lasted about 40–60 min.

Data analysis

Data analysis was performed simultaneously with data collection in order to determine the saturation of data. All audio-taped data was transcribed and content analysis using triangulation technique was applied. Three research assistants were asked to read the same transcript word by word and sentence by sentence independently and highlight the repeated words or sentences; they were also asked to make side notes for each paragraph, summarizing the key points according to their understanding. Afterwards, principal researchers compared and integrated the results of the three assistants' analyses, which were then narrated into themes.

Ethical considerations

The research proposal was submitted to and got approval from the University Research Ethics Review Committee. In addition, before the data collection, approval from each relevant agency was obtained. All participants were informed about the purposes and the methods of the study. They were also informed that participation in the study was voluntary, so they could refuse to participate or withdraw from the study at any time without being penalized or losing any benefits. Moreover, the participants were reassured that their responses would be kept confidential and their identities would not be revealed in research reports and publications of the study. Lastly, the participants who agreed to participate in the study were asked to sign a written consent.

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