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The art of preceptorship. A qualitative study

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ABSTRACT

In the clinical nursing practice preceptorship is a widespread method to improve patient care by assisting nurses in developing the right clinical skills. However, little is known about how preceptorship should be practiced to achieve a positive learning outcome. The aim of the study was to investigate how preceptorship can be used in clinical practice to create learning and facilitate competence development. A qualitative study guided by a hermeneutic phenomenological approach and inspired by ethnographic fieldwork included 28 participant observations and 58 interviews. Data were analysed according to Steinar Kvale's three interpretation contexts. The findings showed three themes: Being together: Preceptee and preceptor were physically present in the same room optimising the learning situation with focus on complexity, use of senses and patient safety. Doing together: Preceptee and preceptor performed nursing together to obtain skills focusing on independence, practical skills and communication. Getting along together: Preceptee and preceptor together focused on the patient, relation, comfort and managing how to keep the balance between a professional and a personal relation. Precepetorship is situated learning where knowledge and skills are generated through participation in clinical practice. In this way, nurses develop clinical judgement and independence.

1. Introduction

Healthcare systems are becoming increasingly complex and in the nursing profession there is increasing demands on maintaining high quality in care and services for patients (Horton et al., 2012; Kim, 2007; McClure and Black, 2013; Moore, 2008; Myrick et al., 2011). Developing quality and effective care depends on nurses' ability to use, improve and acquire new knowledge and practical skills (Bjørk et al., 2013). Preceptorship is one method to ensure continuous professional development and the delivery of safe, ethical and effective care. Preceptorship has been widely documented to effectively facilitate learning in authentic clinical settings and thus development of independent and competent nurses (Cutcliffe and Lowe, 2005; Heffernan et al., 2009; Luhanga et al., 2010; Yonge et al., 2005).

2. Background

The changes in healthcare systems are ongoing, leading to a need for new competencies among healthcare professionals. Healthcare professionals have to deliver safe, high quality and effective patient care and be enterprising due to the constant changes in healthcare (Theander et al., 2016). Clinical practice is characterised by patients with complex health needs, an ageing population characterised by increasing chronicity, shorter lengths of stay, interaction with patients and relatives, flexibility,

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variability, interruptions, implicit rules and values associated to the clinical field. (Duff, 2013; Højbjerg, 2015; Shinners, 2015; Wangensteen et al., 2012).

To ensure competent healthcare professionals they have to perform in authentic situations, unique and often complex with conflicting interests and values. Several approaches could be considered such as preceptorship, mentorship, clinical supervision and apprenticeship.

In the literature, preceptorship has been acknowledged as a strategy to develop competences in nurses. The particular focus is on newly graduated nurses and nursing students in terms of knowledge, practical skills, confidence, clinical judgment, professional socialization and the smooth transition from novice to expert nurse (Earle-Foley et al., 2012; Hilli et al., 2014; Kaviani and Stillwell, 2000; Shinners, 2015; Rush et al., 2013; Valizadeh et al., 2016; Yonge et al., 2007).

In preceptorship, nursing student or newly graduated nurses are paired with a clinical nurse in the clinical practice setting. This relationship is short-term where the preceptee and the preceptor are seldomly involved in the selection of who they are paired with. The one-to-one relationship provides the preceptee with immediate access to a professional, the preceptor, with the opportunity for close supervision and immediate feedback on clinical performance. The preceptor is a competent practitioner teaching, demonstrating, guiding and reflecting with the preceptee and acts as a role model (Barker and Pittman, 2010; Billay and Yonge, 2004; Cutcliffe & Lowe; Kaviani and Stillwell, 2000; Myrick et al., 2010, 2011; Shinners, 2015; Valizadeh et al., 2016; Yonge et al., 2007). Knowledge exists on the contribution of preceptorship and how it should be organized from an external perspective; however, to our knowledge, no studies have examined when learning occurs and when learning does not occur in preceptorship.

A mentor is characterised by being an authority typically with more experience than the mentee. The relationship between mentor and mentee is more like a personal friendship and extends in time over several years and may exceed the boundaries of the clinical practice setting. Mentorship is usually a voluntary arrangement where the mentor's life and professional experience constitute the foundation of the mentorship combined with professional skills and knowledge adding to personal growth and development of the mentee (Cutcliffe and Lowe, 2005; Gazaway, 2016; Harrington, 2011; Heartfield and Gibson, 2005; Jokelainen et al., 2011; Kaviani and Stillwell, 2000; Yonge et al., 2007).

Clinical supervision contains professional support and learning which enable nurses to develop knowledge and competences and assume responsibility for their own practice. Clinical supervision is aimed at the supervisee to develop self-awareness, reflection, decision-making skills based on own solutions and less on the dissemination of knowledge. Clinical supervision takes place in clinical practice but the reflective processes happen away from the patient. The clinical supervision has a long time-frame and requires a high level of commitment and it may require time outside clinical practice (Cutcliffe and Lowe, 2005; Goorapah, 1997; Hancox et al., 2004; Pront, 2016).

Apprenticeship supports the development of professional identity and builds professional knowledge when the nurse student is involved in the direct patient care. The nurse student is part of a practice community and is assigned tasks according to ability; tasks are performed during supervision, feedback and coaching from a more experienced nurse. The nurse student is moving from a legitimate peripheral position to a morefull-fledged member of the community of practice (Feinstein, 2015; Lave and Wenger, 2002; Stalmeijer et al., 2008; Woolley and Jarvis, 2007).

The above-mentioned outlines differences and similarities between preceptorship and other learning approaches. Preceptorship is different from e.g. mentorship and clinical supervision concerning level of commitment and time frame. The relationship between preceptor and preceptee is not intended to create a prolonged relationship exceeding the clinical setting as in mentorship and clinical supervision. Preceptorship is a thus a relevant learning method able to capture the distinctive of clinical situations. However, it is not evident how and why preceptorship contributes to competence development.

A Danish university hospital has in the late nineties described and implemented a competence development programme for newly graduated nurses to ensure development of clinical competences. The programme was based on Patricia Benner's (1982, 1984) theory that nurses develop “from a novice to an expert”. During the transition the novice requires guidance on how to transfer theoretical knowledge to specific patient situations in clinical practice (Benner, 1982, 1984). One of the learning methods in the programme at the university hospital was preceptorship. In the study context preceptorship is developed to be either a symmetrical relationship where both preceptee and preceptor are experienced nurses or an asymmetrical relationship where the preceptor is an experienced nurse and the preceptee is a novice nurse. Previous unpublished studies based on literature review and focus group with nurses indicate that preceptorship was practiced in many different ways and without consensus on the definition and how it contributed to competence development.

The aim of this qualitative study was to bridge the gap in the body of knowledge on how preceptorship is performed in complex clinical practice, by exploring preceptorship between two professional nurses and their lived experiences. The findings of this study will provide clinicians and academic nurses with an understanding of how to orchestrate preceptorship in clinical practice to create high quality in safe and professional practice.

3. Research design

3.1. Methodology

This study was inspired by practical ethnographic fieldwork (Spradley, 1980; Hammersley and Atkinson, 2007) with a phenomenological hermeneutical approach to gain a deeper understanding on how preceptorship can be used for competence development in clinical practice (Husserl, 2013; Gadamer, 1989). This methodological strategy was chosen as the most appropriate to explore the aim of this study. The practical ethnographic fieldwork gave access to how preceptorship is performed and in what way it facilitated competence development in clinical practice. On the other hand, the phenomenological hermeneutical approach contributed to individual descriptions of the experience with preceptorship exploring a deeper understanding of how the preceptor and preceptee experienced preceptorship and the possibility for competence development.

3.2. Method

Using a phenomenological hermeneutical approach, different preunderstandings of preceptorship need to be clarified before data collection as described in the background section. The observers were present as participating observers wearing a nurse uniform without taking part in any nursing or treatment activities. The nurses were observed in the patient rooms, staff room/office, ward and auxiliary rooms. A predefined observation guide was used to focus on meaningful parts to be explored at the following interview. The focus of the observation guide was on where preceptorship was performed, activities and sequence of events happening during the preceptorship, elapsed time and emotions of the participants.