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Using preceptors to improve nursing students' clinical learning outcomes: A Malawian students' perspective

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ABSTRACT

Objective: Clinical environment remains an important aspect in the development of student's competence, confidence and fulfillment of their expected learning outcomes. Preceptors and clinical teachers play a significant role in preparing students to achieve their professional goals through continuous support and resource provision. This study explored the students' perception of using clinical preceptors to improve their clinical learning outcomes.

Methods: The researchers used semi structured interviews to collect qualitative data. A total of 48 students were purposively and conveniently sampled from 8 hospitals to participate in the study. Content analysis was used to analyse the data.

Findings: Two themes emerged from the study findings namely: creating a positive clinical learning environment and facilitating academic clinical collaboration.

Conclusions: The findings of the study revealed that students gained more confidence and competence in clinical practice when supported by preceptors as well as achieved clinical learning outcomes. These findings suggest the need to train more clinical preceptors for improvement of students' clinical learning outcomes.

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1. Introduction and background

Nursing is a practice-based discipline with clinical practice being central to nursing education. Clinical practice provides opportunities for the development of confidence and competence, focusing on students' learning needs rather than services needed by the health facility [1]. The establishment of a good learning environment where theory and practice complement each other, is dependent on clinical staff and nurse educators [2] as well as their knowledge of the intended learning outcomes for the students' clinical learning period. During clinical practice, both clinical staff and nurse educators are expected to collaborate in facilitating the students' learning experience and acquisition of clinical skills. However, poor collaboration between academic and healthcare facilities has been reported in Malawi [3]. This has resulted in ineffective clinical teaching and supervision for both academic and

clinical staff. For example, the demands on the nurse educators and clinical staff are extensive as regards to heavy workloads and inadequate resources to meet student's expectations which can compromise the quality and quantity of the clinical supervision of students. If students are to acquire adequate knowledge and skills in clinical practice, someone must be there to supervise and demonstrate how theoretical knowledge can be integrated into practice [2].

Clinical learning needs to be effectively facilitated in order to ensure adequate preparation of nursing students and achievement of clinical competence for entry level practice [4]. Preceptorship model has widely been supported in literature as an effective approach to facilitating students' learning and acquisition of skills in clinical practice [1,5–8]. Henderson et al. [6] describe a preceptor as a skilled clinician, a registered nurse (RN), who can provide students with the guidance and experience to facilitate their learning. Using this model, students work under the supervision of the registered nurse, who provides individualised support, to facilitate the achievement of clinical learning outcomes. The preceptorship model has been reported to play an important role in professional socialization for nursing students [10] through role

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modeling, as well as enhancing the student's sense of responsibility by providing them with opportunities to demonstrate competence as a nurse. Furthermore, Kim et al. [6] report that the preceptorship model helps the student to build confidence and ease their transition from being a student to a nurse thereby assisting students to adapt to the realities of their practice.

In Malawi, clinical teaching and support for nursing students has traditionally followed the “one teacher” approach [11]; where the nurse educator has dual responsibility for classroom and clinical teaching. Recently, there has been an increase in student enrolment in training colleges leading to increased workload for nurse educators as they strive to meet the increased classroom teaching, administrative tasks and research activity. Nurse educators have insufficient time to provide adequate clinical support to students [12]. As such, the clinical teaching role has in most cases been left out as the responsibility of the clinical staff with the nurse educators performing a link role rather than that of patient care and direct clinical teaching. However, research shows that clinical staff often lack formal qualifications and/or receive little or no preparation for their clinical teaching role [9] leading to increased theory–practice gap. In view of this Mzuzu University, one of the public universities in Malawi introduced a 6-week preceptorship training programme in 2012 to train clinical staff in clinical teaching and preceptorship. The programme aimed at equipping clinical staff with knowledge, skills and attitudes in clinical teaching to enable them teach and mentor learners in the clinical area. It was believed that training clinical staff in clinical teaching would help to reduce the theory–practice gap as well as promote collective teaching approach to students [11]. The preceptors work in different clinical settings to support student's individualised learning. However, it was not known how the preceptors trained through this programme have improved their interaction with students to facilitate clinical teaching and learning outcome in Malawi. Therefore, this paper reports the nursing students' perspectives on the effectiveness of using clinical preceptors to improve students' clinical learning.

2. Methodology

A cross sectional explorative research design was used to understand the students' perception of using clinical preceptors to improve their learning outcomes in the clinical setting. Both qualitative and quantitative approaches were used in this study. However this paper focuses on the qualitative component of the study.

2.1. Study setting and sampling

The study was conducted in eight hospitals where clinical preceptors trained at Mzuzu University are working. The study engaged 48 s-, third- and fourth-year nursing students from different training institutions, who were placed in various hospitals for clinical learning experience. The researchers recruited nursing students who had worked with a trained preceptor for at least a period of 4 weeks. All students from Mzuzu University were excluded from the study because they were not in the clinical setting during the time of the study. Second-, third- and fourth-year students from 13 nursing colleges were purposively and conveniently recruited into the study. Only students who had spent sufficient time (a minimum of 4 weeks) with the preceptors were included in the study because they were considered to have adequate experience to provide their perception on the performance of the preceptors [13].

2.2. Data collection

The researchers conducted semi-structured interviews to obtain narrative accounts from students regarding their perception of the clinical preceptors' performance and impact on clinical teaching. An interview guide was used to guide the researchers during data collection. The interview was guided by the following questions: What roles do preceptors play in clinical teaching? How can you differentiate the support you received from a trained preceptor and non-preceptors? Probing questions were asked to solicit specific information from the participants. The interview guide was piloted at one institution which did not form part of the main study setting. The researchers identified the participants with assistance from Registered Nurses in-charge of the clinical setting where the students were working, after meeting the inclusion criteria. One to one interviews were conducted in a separate room within the hospital settings to ensure participant's privacy. This setting was deemed convenient for the participants. The interviews took an average of 30–45 min per participant. Interviews were audio recorded and field notes were taken to complement the recorded information. Transcription of the recorded data was done within 24 h. Data saturation was reached when no new information was coming up from the participants.

2.3. Data analysis

Data collection and analysis were done concurrently with the aim of examining the information to identify new issues. Letters and numbers were used in coding the participants, for example, NS1 (nursing student 1). The data analysis followed Holloway and Wheeler [14] idea of data analysis procedures. The data were transcribed verbatim. Then the transcripts were read through repeatedly to identify similar strands, codes and themes. The researchers used thematic content analysis where systematic coding and categorization to organise the data was done [15]. Thematic content analysis is a research method which brings a basic understanding of the research methodology when it comes to analyzing the interview data. The analysis was assisted by the use of computer software, *Atlas ti* version 7.1 for qualitative data analysis. Similar codes that emerged were used to create families and similar families grouped together as themes [16].

2.4. Trustworthiness

The trustworthiness for this study was achieved through the use of multiple informants and member checking. The researchers involved 6 participants to verify and check the authenticity of the results. In addition, peer checking was used to verify the credibility of the results. The first author identified the codes and themes from the data and then involved colleagues, the second and third authors, to independently identify the codes. These were later compared with the first author's developed codes and themes. Differences were discussed and harmonization done through consensus. Furthermore, the researchers used intuition and audit trails. Reflective journals and field notes were kept to record and reflect upon the observations made during the interviews.

2.5. Ethics considerations

Ethics approval was granted by the National Health Sciences Research Committee for Malawi. Thereafter, permission was sought from and was granted by the respective hospitals. Each participant gave a written consent prior to participation. Participants' integrity, privacy and confidentiality were maintained throughout the study using a series of measures including the signing of the

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