



Knowledge and attitude towards nursing clinical preceptorship among Ethiopian nurse educators: An institution-based cross-sectional study



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ABSTRACT

Background: Clinical preceptorship in nursing is a teaching and guidance program where students are paired with an experienced nurse in the clinical environment to equip them with clinical skills and nursing values. Since nurse educators are one of the primarily responsible bodies for its effective implementation and eventual success, this study assessed their knowledge and attitude towards clinical preceptorship.

Methods: The study was conducted in Addis Ababa, Ethiopia and used an institution-based descriptive cross-sectional study method.

Results: Less than half of the educators were found to be knowledgeable about clinical preceptorship and its key elements whereas the vast majority reported favorable attitude towards it. Knowledge towards clinical preceptorship was associated with having a master's degree (OR of 0.377 and 95% CI [0.150, 0.948]) and more than four years of teaching experience (OR = 0.088 and 95% CI [0.010, 0.796]).

Conclusion: The attitude towards clinical preceptorship is overwhelmingly favorable whilst the existence of a knowledge gap was evident. Holding an advanced degree and longer teaching experiences are relevant factors that are associated with existing knowledge.

1. Introduction

Nursing is a practice-based profession that is built on theoretical knowledge, both of which is gained through a comprehensive nursing education. This profession in the 21st century faces a number of challenges including a growing population of hospitalized patients who are older and more acutely ill, increasing healthcare costs, and the need to stay current with rapid advances in medical knowledge and technology (Debisette et al., 2008).

Nurses who are competent and those who possess an ability to make swift clinical judgments and decisions are more sought after than ever, and clinical practice is where students gather real-life experiences in modern day healthcare provision. Accordingly, the clinical learning environment in nursing education has been growing as a fundamental focus area over the past two decades (Lofmark, Thorkildsen, Raholm, & Natvig, 2012).

Though there are diverse definitions in various sources, typically, a preceptorship involves the pairing of an experienced teacher with a less experienced learner with the goal of achieving selected learning objectives (Iwasiw, Wong, & Giallonardo, 2010). In the context of nursing, preceptorship is where a student or a newly graduate nurse is paired

with a clinical nurse in the clinical practice setting. This relationship between the student (the preceptor) and the clinical nurse (the preceptor) is with the aim of providing supervision and feedback on tasks pertaining to clinical practice (Nielsen et al., 2017).

Research also indicates that a third party is an integral element in the concept of preceptorship. Thus, it further extends the above definition by stating that the three main players that are essential in a student's learning experience are the preceptor, the student and the nurse educator. These three individuals need to work together and communicate well in order to achieve the best possible learning experience (Walker, Burk, & Tarka, 2010).

Preceptorship is important to nursing education for a wide variety of reasons. It assists nursing students to incorporate theory into practice, integrates students into the practice setting within the organization and allows students to apply learning and internalize the values of the profession within a nurturing and supportive relationship (Brathwaite & Lemonde, 2011). It is also becoming an integral part of nursing education, despite a recent review indicating differences in the quality of programs and preceptors (Pasila, Elo, & Kaariainen, 2017). Among sixteen studies conducted internationally, aiming to study measurable changes in students that underwent preceptorship

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programs, 56% supported using preceptorship in undergraduate nursing education (Udliis, 2008). Other benefits of clinical preceptorship programs for educators in particular include continuity and consistency of education, increased satisfaction and retention of students as-well-as enhancement of developing a shared responsibility for education and training (Ke, Kuo, & Hung, 2017; Watkins, 2013). Moreover, nurses who precept can connect with students in ways that others cannot, building trust and responsibility, while easing the transition into the “real world” of healthcare (Swihart, 2007).

The need for implementing a nursing preceptorship program, especially in relation to nurse educators has been supported by many authors. For instance, it was found that while nurse educators were expected to accompany student nurses, a shortage of staff limits them to lectures in the classroom, resulting in minimal student accompaniment whereas this shortage also makes it difficult for a nurse educator to spend enough time with each student (Cele, Gumede, & Kubheka, 2002; Monareng, Jooste, & Dube, 2009). Additionally, nurse educators that accompany students were also found to manage demonstration of procedures to each student once or twice a week only, instead of daily. Another study found that the ratio of students to nurse educators were too high to allow for effective student supervision in clinical practice, signaling the need for preceptorship (Kemper, 2007). The recommended ideal preceptor to student ratio is 1:1 (Udliis, 2008).

The concept and application of nursing clinical preceptorship is still in its infancy in Ethiopia, where the majority of nurse educators and nurse clinicians remain largely unacquainted. Thus, the role of nurse educators in teaching clinical skills to students still takes center stage. The Global Nurse Capacity Building Program/Nurse Education Partnership Initiative (NEPI) run some of the pioneer projects in training preceptors and introducing mentorship programs in Ethiopia (Gossaye & Dohrn, 2013). In other African countries, organized preceptor schemes are being applied in countries such as Botswana, Ghana, South Africa and Swaziland (Asirifi, Mill, Myrick, & Richardson, 2013; Monareng et al., 2009; Mulder & Uys, 2012). For instance, in most training institutions in Botswana, students in their final year of training are accompanied by a preceptor during all duty shifts while the nurse educator, whose fundamental task lies in classroom teaching, will visit the students every second week as a resource person, mainly with the aim of enhancing clinical learning (Monareng et al., 2009). In South Africa, initiations and grants have helped in ameliorating gaps in nursing education including the appointment of more clinical preceptors (Mulder & Uys, 2012), whereas there has been attempts to introduce clinical instructors that will supplement the clinical teaching process of nursing students (Botma, 2012).

In Ethiopia, nursing educators are often assigned as clinical instructors for undergraduate students usually beginning from the second year of the four-year program. The nurse educator is not usually accessible to the students at all times, and usually a single individual is assigned to a large group of students, which results in minimal one-to-one practical learning and demonstration sessions. The apparent gap between theory and practice is one of the demanding issues in nursing, both locally and abroad. Group interviewees that involved nurse educators showed major areas of concern such as shortness of clinical placements and lack of collaboration between clinical areas and educational institutions, while there was also a mutual agreement that a theory-practice gap exists and measures are needed to halt these issues (Corlett, 2000).

Within the Ethiopian context, studies that aim to investigate the utilization and application of nursing preceptorship programs in nursing education have not been conducted. Moreover, even in an international context, those that aim to specifically assess the standpoint of nurse educators towards clinical preceptorship and its overall implications are non-existent. At present, the quality of nursing practice in Ethiopia is under much needed revision and scrutiny, largely due to the fact that most novice graduates are reported to be lacking the required clinical skills. Thus, introducing preceptorship programs in teaching

hospitals and healthcare institutions is one of the fundamental strategies to provide quality healthcare for the public and continue the growth of nursing as a profession.

We believe that assessing nurse educators knowledge and attitude is the essential first step in the application of clinical preceptorship, as they are the pillars in its initiation, nationwide integration and ultimately in its eventual successes. Thus, the purpose of this study was to examine the overall knowledge and attitude of nurse educators towards nursing clinical preceptorship.

1.1. Operational definitions

Nurse Educator: an individual primarily responsible for the teaching of nursing students in both classroom and practical settings.

Knowledgeable: respondents are considered knowledgeable if they correctly answered more questions than the median score among the fourteen questions aimed at assessing knowledge towards nursing clinical preceptorship.

Not-Knowledgeable: respondents are considered not-knowledgeable if they answered less questions than the median score among the fourteen questions aimed at assessing knowledge towards nursing clinical preceptorship.

Favorable Attitude: respondents are said to have favorable attitude if they answered ‘yes’, ‘very important’ or ‘important’ to more than 75% of the twelve questions aimed at assessing attitude towards nursing clinical preceptorship.

Unfavorable Attitude: respondents are said to have an unfavorable attitude if they answered ‘yes’, ‘very important’ or ‘important’ to less than 75% of the twelve questions aimed at assessing attitude towards nursing clinical preceptorship.

2. Methods

The study was carried out from April 2015 to May 2015 in Addis Ababa, Ethiopia. Of over 150 registered higher education institutions nationwide, approximately half of them are found in Addis Ababa. For the purpose of this study, only nationally accredited governmental and privately-owned health science teaching institutions located in Addis Ababa, who have a bachelor’s degree program in Nursing were considered. Hence, fourteen private teaching institutions and three governmental institutions with similar qualifications were identified and housed the educators that participated in this study (Higher Education Relevance & Quality Agency, 2013). An institution-based descriptive cross-sectional study design was implemented to assess the knowledge and attitude of nurse educators towards nursing clinical preceptorship.

2.1. Sampling procedure and technique

For calculating the sample size for this study, we used the formula for calculating the sample size for a single population proportion in cross sectional studies (Charan & Biswas, 2013). We also assumed n = minimum sample size desired, P = estimated proportion of nurse educators’ knowledge and attitude towards clinical preceptorship (50%), d = the margin of sampling error tolerated (5%) and $Z_{\alpha/2}$ = the standard normal variable at $(1 - \alpha)$ confidence level (5% = 1.96). This resulted in an initial sample size of 384. But, since the population at hand is less than 10,000, a correction formula was used to calculate the final sample size of 117.

All the identified 17 (seventeen) teaching institutions who have an undergraduate program in nursing were considered for the study. Seven institutions, for ensuring maximum representativeness and the gathering of adequate sample size, were randomly selected by using the lottery method, and these housed the educators that participated in the study. The inclusion criteria were having a teaching experience above six months whereas nurse educators who were not present in their work environments at the time of data collection were excluded.

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