



Monitoring preceptors' supportive role: A measuring instrument for increased accountability



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ABSTRACT

Purpose: This article describes the development of a measuring instrument to monitor support offered by preceptors during their accompaniment of students in clinical facilities.

Design: A quantitative methodological study design was used to develop the instrument.

Methods: Data were collected by means of a self-completed questionnaire. Total sampling of 192 undergraduate nursing students was done. Descriptive data analysis was conducted regarding the biographical characteristics, Cronbach's alpha was computed to determine the reliability, and an exploratory factor analysis was done to describe the construct validity of the developed instrument.

Results: The Cronbach's alpha of 0.98 indicates high reliability and high internal consistency. Three constructs regarding clinical support, namely cognitive-, emotional- and system support were identified by means of the exploratory factor analysis.

Conclusion: The new conceptualisation of support gives insight into the value of the preceptor's role. The instrument designed for this study could be used to assess and monitor the support offered by preceptors while they accompany students in clinical practice.

Clinical Relevance: Considering the need to strengthen nursing and midwifery education systems, this instrument contributes to measuring and monitoring clinical accompaniment of students by preceptors.

1. Introduction

Monitoring for accountability and continual improvement is important in nursing education. In the report on global strategic direction for strengthening nursing and midwifery 2016–2020, the [World Health Organization \(2016\)](#) recommends that, among others, quality systems for nursing and midwifery education should be developed and adopted, supported and monitored. One such way that quality nursing and midwifery education systems could be supported is by incorporating preceptors in clinical facilities ([Mulder and Uys, 2012](#)). In South Africa, the Ministerial Task Team committed to the clinical teaching model as proposed by the Nursing Education Stakeholder during the 2011 Nursing Summit. Preceptors are part of this model ([The Nursing Summit Organisation Committee, 2012](#)).

The Clinical Teaching Model stipulates that preceptors should facilitate students' work-integrated learning (WIL) during their placement in clinical facilities. WIL is an educational approach that allows students to apply their theoretical knowledge in accredited healthcare facilities for the mutual benefit of students and service providers

([Council on Higher Education, 2011](#)). In South Africa, the regulatory authority requires approximately 4000 clinical hours in addition to the full academic load of 480 credits (4800 h) over the four-year training period ([South African Nursing Council \[SANC\], 1985](#)). Seventy percent of those 4000 h should be supervised by a preceptor ([Mulder and Uys, 2012](#)) so that students become competent practitioners in order to function autonomously in rural settings on completion of their studies. Thus, students have numerous opportunities to integrate theory into practice. Learning in the clinical setting comprises, but is not limited to, mastering clinical psychomotor skills and developing critical thinking, clinical reasoning, clinical judgment and metacognition ([Nielsen et al., 2016](#)). WIL affords students the opportunity to develop professionally, become competent nursing practitioners, and engage professionally with all healthcare professionals. However, the clinical environment is complex and challenging in nature, which causes stress in students ([Wallace et al., 2015](#)).

Students often experience engagement with patients as stressful due to a number of reasons, namely a lack of confidence and fear of harming their patients, complex medical conditions, a lack of drugs and

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equipment, and a shortage of staff. Houghton (2014) states that stress hinders the learning of students when they are placed in the clinical environment. The Nursing Education Stakeholders Group proposed preceptors as a student support strategy in order to reduce their stress and enhance their learning (Mcsharry and Lathlean, 2017). Preceptors ease students' transitional role from an academic environment into the 'real life' environment (Jeggels et al., 2013) thereby providing students with a quality learning experience.

Students need support to increase their confidence and competence in the clinical environment (Irwin et al., 2018). Williamson et al. (2010) identified three types of support needed by students in clinical practice, namely tangible, emotional and cognitive support. Tangible support comprises orientating students regarding place, processes and procedures (Smedley and Penny, 2009). Emotional support refers to the availability and accessibility of the preceptor (Jahangiri et al., 2013), and debriefing of students after patient encounters (Price et al., 2011). Cognitive support involves using various techniques to develop students' critical thinking, clinical reasoning, clinical judgment and metacognition (Nielsen et al., 2016; Botma et al., 2014). In addition to these three, Botma et al. (2012) identified another type of support known as system support. System support refers to preceptors' liaison function between the clinical facility and the nursing education institution (NEI) (Botma et al., 2012). Preceptors should provide all four types of support to accompany students effectively. However, NEIs are unable to monitor and evaluate the quality of support offered to students due to the lack of a comprehensive measurement tool.

A systematic review by Fluit et al. (2010) examined the content, validity and aims of 54 articles, including 32 instruments, that evaluated support provided by clinical facilitators. The authors concluded that there were no instruments that covered all relevant aspects of facilitation of clinical learning (Fluit et al., 2010). Other researchers have consequently agreed with Fluit and co-authors that there is a gap in the assessment and monitoring of the quality of facilitation of clinical learning by preceptors.

This article reports on a study during which the authors developed a comprehensive instrument from existing tools, and also tested the developed tool for validity and reliability. NEIs will be able to use this instrument to monitor the quality of clinical education offered by preceptors while accompanying students in clinical practice.

2. Methods

A quantitative methodological design was used to develop and test an instrument (Polit and Beck, 2012), which can be used to monitor and evaluate the support offered by nursing preceptors.

2.1. Instrument Construction

The thirty-two instruments, in Fluit et al.'s (2010) systematic review were used as a departing point for the tool development. The authors were able to successfully access 27 of these instruments. An additional 15 instruments that assess support provided by clinical facilitators were identified by means of an in-depth narrative general literature review, as described by Onwuequbzie and Frels (2016).¹ Questionnaires were dated between 1981 and 2012 and the literature review was updated in 2015. Preceptor evaluation questionnaires were included. The first author thus used 42 relevant instruments to compile the draft questionnaire. All except one of the selected questionnaires were self-administered questionnaires with Likert scales that varied from two to nine points. Most questionnaires used Likert scales of four or five points. The authors decided on a four-point Likert scale for this study's questionnaire to compel students to select either an 'agree' or 'disagree' response, thereby avoiding neutral responses.

In collaboration with the second author, the first author assigned each item in the 42 questionnaires to one of the four types of support. Open-ended questions and biographical data were excluded. To reduce the large pool of items per type of support, the guidelines on item construction as described by various authors were adhered to (Goddard and Melville, 2013; Polit and Beck, 2012; Neuman, 2011; Botma et al., 2010).

Declarative statements were used in the draft questionnaire. The authors further categorized the items under constructs to ensure that items addressed the proposed types of support and to help present the questionnaire in a user-friendly manner. Items were categorized under six constructs (not including biographical information), namely system support (13 items), tangible support (12 items), cognitive support, which included clinical judgment (11 items), techniques used during the facilitation process (14 items), self-directed learning (5 items), and emotional support (14 items). A total of 73 items were included, including 4 biographical items.

A pre-test of the questionnaire was done after five experts in the field of questionnaire construction and student support verified the face and content validity of the draft questionnaire. Eight students participated in the pre-test, and confirmed that the instructions, items and language were clear.

2.2. Population and Sampling

The population included all 192 second- to fourth-year nursing students in the undergraduate bachelor's degree programme at a university in South Africa. First-year students were excluded because they had not received accompaniment from preceptors during the data collection period. Total sampling was done as all the students were invited to complete the questionnaire.

2.3. Data Collection

The first author visited each year group during a contact session to explain the aim of the research and their responsibility. Students were informed that participation was voluntary and anonymous, and that by completing the questionnaire they were consenting to participate in the research. Thereafter, the year coordinator distributed the questionnaire to all the students in class at the end of their monthly clinical rotation. All questionnaires were dropped in a box as they exited the room, and students not wishing to participate could place the uncompleted questionnaires in the box. A research assistant coded and captured the data. Students rotated monthly through placements; therefore, different preceptors were evaluated by students over two consecutive months. A total of 303 questionnaires were completed by 192 students, which indicated a 79% response rate.

2.4. Data Analysis

A descriptive analysis was done to describe the biographical characteristics of the participants. The reliability of the questionnaire, as well as per construct, was determined by calculating the Cronbach's alpha coefficient test. According to LoBiondo-Wood and Hober (2010), a score of ≥ 0.7 is needed to show that the instrument is reliable. A perfectly reliable instrument would have a score of 1.

A maximum likelihood factor analysis with an orthomax rotation was done to establish the construct and item validity of the questionnaire. Different loadings can be used in an exploratory factor analysis. Polit and Beck (2012) suggest that loadings of 0.5 be used as cut-off values, but lower values such as 0.3 can be acceptable, when it makes theoretical sense to do so. The authors chose a cut-off loading of 0.4 as a 0.5 cut-off value may be considered as too 'strict'. Items were discarded when they did not have any factor loading > 0.4 . Items that had high (≥ 0.4) loadings on two or more factors, were also discarded, as were items where the difference between the highest and next-

¹ Table of accessible questionnaires is available from first author on request.

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