Preceptorship in Nursing

Ya-Lie Ku

Abstract

This paper was to introduce what the preceptor programs are, describe the processes of building preceptor programs, and the strengths and weaknesses of preceptor programs. Generally speaking, the advantages using preceptors in critical care settings such as ICU far outweigh the disadvantages. Building preceptor programs is a good way to connect nursing academic and clinical programs that can reach educational goals of integrating nursing theory with practice.
Introduction

Preceptor programs, which emerged in the early 1960s, have been used in nursing for more than 20 years as a mean of assisting new graduates in their transition from nursing students to clinical staff nurses (Lachat & Zerbe, 1991). The development of preceptor programs is to continually bridge the education-service gap in nursing and as connections to hospital orientation programs (Bartz & Maloney, 1984). Preceptors, members of the clinical nursing staff who work with new graduates on a one to one basis, can move the new graduates' experience away from the traditional or stereotypical model of clinical instruction (Lewis, 1990). Alspach (1989) reported that most of the 359 nurses who participated in preceptor programs worked in either a medical or surgical ICU. The critical care settings have the most acute need for the preceptor programs (Hast & Shank, 1989).

The Processes of Building Preceptor Programs

Preparation

Once the nurse service directors have decided on developing preceptor programs, they have to present the proposals in order to let the administrators know what they are asking for, why they want and need them, what their expected outcomes are, and what resources they require (Houck, Moore, & Radziewicz, 1992). In accordance with strategic planning, an analysis of the mission and values of the hospital that reflect a commitment to meeting patient health care needs and educating health care providers are conducted (Hast & Shank, 1989). After hospital administrators, nurse executives, and nurse educators have expressed an agreement with the preceptor programs for application in nursing orientation, the nurse service directors can go on to the next step in process.

Presentation

The nurse service directors need to state that the preceptor programs would meet accreditation requirements of the American Nurses Association (ANA), would implement educational goals that could improve recruitment and reduce turnover, would keep financial and human resource requirements low, and would approach potential problems positively (Houck, Moore, & Radziewicz, 1992).
There are five steps in developing preceptor programs.

1. Selecting Preceptors

The preceptors are nurses who agree to act as the teachers, observers, and evaluators of new graduates in the clinical settings (McMurray, 1986). Preceptors must meet criteria for selection and be recommended by their nursing coordinators such as the head nurse (Lachat & Zerbe, 1991). According to DNS criteria, selecting staff nurses as preceptors includes assessing their educational backgrounds, functional level as nurses, role-modeling abilities, supervisory skills, communication skills, and abilities to cope with stress (Stuart-Siddall, 1983). In addition, the nurses selected as preceptors are expected to possess these characteristics, a desire to teach, and confidence in their teaching abilities (Payette & Porter, 1989).

2. Preparing Preceptors—Workshops

Workshops are offered to resolve the problem of the discomfort that the preceptors feel in the role of teachers, to prevent preceptors from reverting to an unstructured teaching style, and to boost the preceptors’ success (Novak, 1983). The workshops consist of one- or two-day sections followed by a practicum to the educational preparation of staff nurses for the preceptors (Bowman & Modic, 1989). When developing the workshop, preceptors and faculty can use Payette & Porter’s (1989) six classes design to establish five section-processes for training preceptors. First of all, four steps of socialization, honeymoon, shock, recovery, and resolution, are used to break the ice among preceptors and faculty and as a result, elicit a fair amount of class involvement. Next, all preceptors and faculty write objectives about the behaviors required as well as clear and measurable outcomes for new graduates. This provides preceptors with an opportunity to review the structure of behavioral objectives and evaluation of new graduates performance in order to achieve the goal of assisting preceptors to be effective teachers.

Moreover, the preceptors need to learn how to organize the shift’s activities in the clinical hospital following a chronological direction in order to help new graduates arrangement for a day’s work comprised of several patients. Furthermore, faculty can use brainstorming to have preceptors think about strengths and weaknesses of the preceptor programs. Finally, effective communication and counseling techniques as well as problem-solving exercises are designed to reinforce preceptors’ abilities to handle the inevitable changeable situations that occur in the clinical settings. Based on Alspach’s survey (1989), nearly 75 percent of
preceptor training programs are judged as providing a sufficient coverage of the knowledge base and attitudes necessary for functioning as the preceptors (Houck, Moore, & Radziewicz, 1992). Nurses who come to the workshop with experience as preceptors are reported to have concrete steps and a framework from which to proceed (Payette & Porter, 1989). Because these nurses would be more likely to experience greater satisfaction and higher learning through the workshop programs, it can ensure their success of being the preceptors.

3. Establishing a Relationship between Preceptors and New Graduates

Building a good relationship between preceptors and new graduates is essential for the new graduates' successful socialization into the clinical settings (Hsieh & Knowles, 1990). There are three phases in this process that are closely related to developing the relationship between preceptors and new graduates (Bartz & Maloney, 1984).

Phase One: Initiation

During the initiation phase, establishing a mutual trust is the fundamental task that can reduce the anxiety existing between preceptors and new graduates. In addition, defining new roles and expectations is an area of major concern. Stress is somewhat greater for both the new graduates and the preceptors during preceptor programs if the new graduates have a great need for acceptance along with the expectation to be able to perform at a level similar to that of the preceptors. Therefore, there is a need for the faculty serving as the facilitator to provide different support resources such as peer and head nurse support in order to help preceptors and new graduates to identify unrealistic expectation and reformulate real goals and objectives, and as a result alleviate preceptors' and new graduates' pressure.

Phase Two: Working

As the preceptors and graduates begin the work phase of their relationship, they develop honest communication skills that allow mutual sharing of thoughts, ideas, reactions and experiences. Instead of being the authority figure, the preceptors as the teachers are expected to function as the resource persons whose attitudes of respect to and acceptance of the new graduates as the equal partners.

Phase Three: Termination

Now preceptors and new graduates have progressed from a dependent relationship into a collaborative relationship. These new graduates have reached a more significant level of functioning in the critical care environment and eventually they may become the preceptors to other new entering graduates.
4. Preceptor Program

Preceptor programs are six-week, structured, comprehensive courses designed to provide entry-level education and skills for new graduates (Houck, Moore, & Radziewicz, 1992). Through the use of adult learning concepts, the preceptors can foster new graduates' learning most effectively (Bartz & Maloney, 1984). There are six adult learning principles as listed below (Ammon & Kathleen, 1987):

Learning is a normal adult activity. In preceptor programs, the preceptors can help new graduates focus on learning instead of obligations by creating an environment with few obstacles.

Adults with a positive self-concept and high self-esteem are most responsive to learning. In preceptor programs, learning should be conducted in a safe, non-threatening environment that does not harm the new graduates' self-concept and self-esteem. As a result, new graduates can learn best.

Adults learn best when they value the role of the adult learner and possess skills for managing their own learning. In preceptor programs, the new graduates are responsible for planning, implementing, and evaluating their own learning. This approach helps both the preceptors and new graduates become interdependent learners.

Immediate, descriptive feedback is essential if adult learners are to modify their behaviors. In preceptor programs, the preceptors should provide feedback to the new graduates immediately after the skills have been performed.

Success reinforces change already made and provides a motivation for further learning. In preceptor programs, meeting established objectives reinforces the newly acquired skills and motivates more learning. "Reverse Chaining" is a way in which new graduates learn the new skills in reverse order, which allows them to experience success by reinforcing completion of the task.

Adults tend to begin learning programs with some anxiety, and further stress can interfere with learning. In preceptor programs, if the preceptors' actions arouse anxiety in the new graduates, that will reduce new graduates' abilities to learn. The preceptors should relieve the new graduates' anxiety by reducing threatening situations, creating an environment of acceptance, and providing opportunities for them to talk about anxiety.

5. Evaluation

Evaluation is based upon an established set of criteria and standards of performance which is a process of making value judgements about knowledge, skills, and attitudes (Rowe, 1983). Two main constituents can be used to evaluate the preceptor programs. First of all, the preceptors' evaluation of the new graduates
is to assess new graduates-formulated learning objectives as approved by faculty and preceptors. Secondly, the new graduates' evaluation of the preceptors' performance is based on the criteria of role model, resource person, and supervisor. It is very beneficial to have both graduates' and preceptors' inputs in assessing preceptor programs that create an effective mean for increasing objectivity in the evaluated process.

**Conclusion**

In a study conducted by Broome, Clayton, and Ellis (1989), the group having a preceptorship experience scored higher on professional socialization than the group that did not have such an experience. Although the preceptor programs provide new graduates with greater variety and complexity of experiences, they still present some problems. Some of these problems are new graduates and preceptors face incompatible scheduling times, personality differences, educational preparation divergences, and conflicts of objectives on clinical experiences or expectations. In addition, preceptors could be experiencing some degree of burnout coming from different sources such as budget cutbacks, job dissatisfaction, and the lack of proper reward mechanisms.

However, generally the positive returns from using preceptors far outweigh the disadvantages. If given a choice, according to Alspach's survey (1989), an overwhelming majority of nurse respondents (95.7%) would choose to be preceptors. The integration of preceptor programs in nursing education has been a powerful mean to bring new graduates in contact with the real world. Cooperative efforts between academic and clinical programs can achieve educational goals which combine the nursing theory with practice.

**References**


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