Newly qualified nurses’ experiences of a preceptorship

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Abstract

Research Question: What was the experience of preceptorship like for newly qualified registered nurses in a healthcare trust? Method: A qualitative approach was used with data collected using semi-structured one-to-one interviews with eight participants who had recently completed their preceptorship period. The data was analysed using Newell and Burnard’s (2011) Pragmatic Approach to Qualitative Data Analysis, which involved a six-stage analysis process. Findings: Two main categories emerged from the data. These were Support Requirements and Expectations of Preceptorship. Support was further broken down into two themes: time and build confidence. Expectations of preceptorship was further broken down into two themes; understanding the process and understanding the preceptor’s role. Conclusion: The participants felt that preceptorship offered support and helped them in developing their confidence in the transition to registrant. It would appear that consistency of provision of preceptorship is a key issue that would warrant further study.

Key words: Newly qualified nurses ■ Preceptorship ■ Preceptorship

There is much evidence to support the idea that transition from being a student to a newly qualified registrant can be a stressful period (Charnley, 1999; Whitehead, 2001; Pickens and Fargostein, 2006; Mooney, 2007). To offset the stress and to facilitate a smoother transition, the Nursing and Midwifery Council (NMC) strongly recommended that all new registrants have a period of preceptorship on starting work (NMC, 2006). The aim of preceptorship according to McCusker (2013) is to cement knowledge and skills and build confidence through facilitation with a preceptor. The Department of Health (DH) (2008) claimed that preceptorship at the start of nurses’ careers would enable them to develop from novice to expert and encourage them to develop throughout their professional lives. Preceptorship facilitates development of confidence while in practice by enabling new registrants to identify their strengths and weaknesses (Ross and Clifford, 2002; Hickie et al, 2007; Ashurst, 2008; Lennox et al, 2008; Whitehead and Holmes, 2011). From the literature it would appear that the key element in play in preceptorship is the support offered to the new registrant in the transition period. The negative impact of an unsupported transition period can be that the new registrant is left feeling overwhelmed and stressed, with a potential impact on the retention of these staff (Charnley, 1999; Whitehead, 2001; Pickens and Fargostein, 2006; Mooney, 2007; Lennox et al, 2008).

Billett and Henderson (2011) claimed that another potential outcome of preceptorship is assurance of the provision of a high standard of care to those using the service. However, there is no evidence to directly link preceptorship to quality of care in many of the articles reviewed. In spite of this, Hollywood (2011) remarked that it should be noted that newly qualified registrants are the future of the profession and we should therefore invest in them at an early stage in their careers.

The aim of this study was to gain insight into what it was like for newly qualified nurses who had finished preceptorship. It was hoped that this would provide an insight into whether preceptorship delivered as it was intended to.

Method

This study used a qualitative research method to enable the collection of data that would provide access to the participants’ point of view and their interpretation of it. To facilitate this, the study followed Newell and Burnard’s (2011) Pragmatic Approach to Qualitative Data Analysis, for data collection and analysis. The approach involved a clear six-stage analysis process that according to Cohen et al (2011) contributes to the robustness of the study and its credibility.

Data were collected using one-to-one semi-structured interviews that lasted about an hour. The interviews were recorded on a digital recorder and complemented by field notes. From this, transcripts were typed up and were analysed by the authors separately. Afterwards, the authors’ interpretations were compared to provide rigour and assure validity of findings according to the process described by Parahoo (2006: 397).

Sampling

Recruitment for the study was purposive insofar as those who had direct experience of preceptorship were recruited. The eight participants were employed as registered nurses working in the trust and had completed their preceptorship period. All of the participants were working in an inpatient setting.

Ethics

Ethical approval for the study was complicated because it involved human subjects in a hospital trust. Therefore it had...
Findings
All of the participants were band-5 registered nurses (RNs) who had completed their preceptorship period and had been in post less than 18 months. The length of time varied between each individual. Overall, the findings indicated that there were commonalities with some of the literature reviewed previously. The findings of the study demonstrated that there were variances in the experience of preceptorship across many areas within the trust.

Two main categories emerged from the data. These were ‘support requirements’ and ‘expectations of preceptorship’.

The content of the main categories were further organised into themes and support requirements encompassed, not just support but development of knowledge, building confidence and time management of the process. The category, expectations of preceptorship, included themes about understanding the process and the preceptors’ roles (Figure 1).

Support requirements
Throughout the transcripts the term support was used by most at some stage of their interview. Consequently this category was named to describe the support role preceptorship played in the transition of newly qualified registrants. Interestingly two participants felt that it was something similar to when they had been a student. This was exemplified by RN1 when they said;

‘I just think that it’s a wee bit of support for new nurses just starting out in the trust. Myself, never worked in the trust before training. You obviously have that kind of support when you are out as a student and it’s just kinda a bridge to kind of mould you in to going off independently into working on the wards … safely obviously!’ (RN1)

This is in keeping with what has been reported in the literature with support playing a key role in newly qualified registrant’s transition from student to registrant, (Hickie et al, 2007; Wood, 2007; Whitehead and Holmes, 2011).

In every interview, time, in one format or another was raised; consequently the theme ‘time to do’ was named to capture this. For most they felt that it had been difficult to get time together with their preceptor, as highlighted by one participant who said:

‘I had the preceptor book and … Ward being very busy as well, found it hard to get the time with us working different shifts. There was one day we were on together and we just ended up taking an extra 10 minutes on our lunch and just doing our goals together and things. She actually had to take the book home with her to do it, but we didn’t get an actual lot of time together.’ (RN3)

Whitehead (2001) argued that these issues stemmed from and were linked to the acuity of the ward and how busy or short-staffed the area was. However, in this study, this was not always the case. Some participants had a positive experience in this regard as exemplified by one who said;

‘My preceptor was very good at kind of approaching me and asking me how I was getting on and if I needed to kinda take a minute with her … So you know you can always find time if you really need to sit down … and have a wee chat, do the book and stuff. We always kinda found time to do it.’ (RN1).

This finding is similar to that found by Kelly (2011) where they identified the issue around time that meant being able to get time to sit down and reflect was difficult.

One of the main goals of preceptorship is confidence building and for each participant this appeared to be important. Most expressed the view that preceptorship had enabled them to develop their confidence and further develop their knowledge and skills. This idea was captured by RN3 and RN1 when they said;

‘Yes, (it) built up my knowledge and did give more confidence, yes. Obviously when I started this ward was there was things I had never seen before.’ (RN3).

‘Just I think it is good especially for people who have just coming out and not have had a role in the hospital that the supports there and how to go find out about training or anything extra you want to do.’ (RN1)

This is an encouraging finding and one that begins to provide evidence of effect. This underscores findings in studies by Hickie et al (2007), Lennox et al (2008) and Whitehead and Holmes (2011), who suggested that confidence can be developed through preceptorship.

Expectations of preceptorship
This category emerged from data analysis of what participants said and was named to broadly encompass what participants
thought might happen as a result of taking part in preceptorship. The category comprised two main themes: understanding the process and the role of the preceptor. This was highlighted by a participant who said:

‘I understood there was a documentation side to it, that would be signed off and that I would be documenting when I was happy with things I was doing … I was expecting it to go on for the full 6 months that I would be (there), … that someone would be keeping up with my documentation and continually keeping up to date with what I needed.’ (RN 2).

The experiences articulated by the participants at times called into question their understanding of what the process of preceptorship involved, what their role was and that of their preceptor. Some appeared to be aware of what preceptorship involved, insofar as they reported that the process involved completing a portfolio and that it would run over several months and that someone would act as a support during this time. This was indicated by participants who said:

‘I kind of heard of it before, from interviews, you know, preparing for the interview because you’d had to read up, could be one of the questions, so kinda knew that it was 6 months and you had a preceptor like a mentor but I knew they weren’t with you at all times. I knew you had to fill in a book, but that’s about it.’ (RN4).

‘Kinda, just like a welcome … Welcome into the ward, and building up the experience from being a new start to being part of the team and getting the basics of being from like a student into being a band 5.’ (RN5).

‘It was to help a newly qualified nurse … like an extension to your degree, like a stepping stone between being a student and a fully or you know a qualified nurse and it helps you gain experience in all the different areas.’ (RN6).

In one of the interviews the data indicated that the individuals felt unclear about what would be expected of them following completion of the preceptorship period. They expressed concerns that they did not understand the expectations of the process, as summed up by RN4.

‘I didn’t know what was expected of us after the 6 months, you know … I didn’t know whether I had to meet all of our … Within 6 months or do we have like a year to make it up; which kinda worried me a wee bit.’ (RN4)

The data revealed that there was also an indication that preceptees expected to work alongside their preceptors, where in reality the experiences were somewhat varied. Two participants worked very closely with their preceptors, while another spent the first day only shadowing their preceptor before working ‘alone’. While another (RN6) reported that although they did not work closely with their preceptor, they found that others stepped in to support them. This was summed up as follows:

‘It was kind of everybody kind of helped out. There wasn’t one person, so there wasn’t. And I wasn’t always on with my preceptor you know; it was different people.’ (RN6).

For most the experience was dependent on the availability of their preceptor and one in particular (though they had a preceptor), felt left on their first day to manage a group of patients on their own:

‘When I started my first day, I had a block booking to start with; my first day there I met my mentor (preceptor), she told me she would be my mentor (preceptor). When going through the documentation I asked her what shift she was working and she was working to 5 that day and I was working 1 to 9, and asked who would be working with me that evening and she said I was on my own.’ (RN2)

The aim of the preceptorship programme documentation was to enable the preceptor to guide their preceptee and help them through the transition from student to registrant. From the data it was apparent that understanding of the documentation varied. One individual mentioned that their preceptor did not have a clear understanding of what was expected of them and had not acted as a preceptor before.

‘I don’t think she really understood what was expected of her. So when it came to the documentation it was more a rushed sort of thing at the end when I was told I had to hand it in, the two of us went “oh no” we need to fill everything in. So it was signed all in one night and by that stage I had gone through everything and I had come across, everything that the documentation asked for and did understand it all by that stage. But it wasn’t something we did as we went along.’ (RN2)

Another remarked about the amount of paperwork that is required to be completed and at times the paperwork was seen as burdensome and that it was not always easy to get it completed. In fact it was suggested that it was merely a task. This was summed up by RN6 and RN7 who said:

‘It’s quite a lot of paperwork involved and trying to get that filled in can be a bit of a challenge, so it can.’ (RN6).

‘I think the book is more seen as a task than you know a method to get you where you want to be, do you know what I mean?’ (RN7).

As discussed previously, there was awareness of the process identified through the study but there were issues around roles and responsibilities. For this to be effective organisation is important and as Almada et al (2004) and Harrison-White and Simons (2013) indicate in their work the input from the ward sister/charge nurse and the organisation is of importance.
Limitations of study
The limitations of the study were that the sample all came from the same trust and broadly similar clinical facilities. This might therefore have produced data and subsequent interpretations that, while being an accurate record of their experience, might have limited transference to other contexts.

Recommendations
From the data the authors recommend the following:
- A clearly mapped timeline may help participants to plan their programme around their working time and that of their preceptor, thus managing their time more effectively.
- Newly qualified nurses who are about to embark on preceptorship programmes should be clear from the outset about what is entailed in terms of their roles and the context of the preceptorship relationship.
- Further research is needed that explores the issue of confidence, how it might be measured and how differences could be attributed to preceptorship instead of a naturally occurring accumulation of experience.
- Introduction to preceptorship could be added to third year of the undergraduate curriculum if it is not already present.

Conclusion
This study set out to gain insight into the experiences of newly qualified nurses who had undergone a preceptorship programme. From these experiences it is apparent that though preceptorship is in place, it is not consistent and there are a number of issues around its provision. From the two categories that have emerged from the data collected, it would seem that work needs to be done to develop the process of preceptorship to manage expectations and increase consistency. Providing support, which is seen throughout the literature as essential, seemed to be challenging. Some participants found no issues around this but for some they did not find support structured as they expected. It is from this the authors claim that managing expectations need to be clarified from the outset. A mismatch of expectations tends to lead to claims of a lack of support.

Although the participants had issues about preceptorship they did not impact on their retention. Consequently, the question arises of whether preceptorship actually make a difference if we are unclear about what it is its making a difference to. Literature would suggest that it can make a difference but from this study there is no clear indication that this is the case.

The issue of transition can be clarified by identifying its threshold concepts, for example, by reviewing how students approaching qualification are prepared for this period and by clearly articulating how the concept of confidence should be measured or recorded.

The literature and the findings indicate that there is more of an understanding that the newly qualified nurse will not come into practice knowing everything (Clark and Holmes, 2007; Maxwell et al, 2011). If expectations are low, however, there could be a self-defeating dynamic in place whereby, newly qualified nurses believe themselves to be not ready and behave accordingly. Does the provision of a preceptorship period actually feed insecurity and promote ideas of inability?

Conflict of interest: none

KEY POINTS
- Preceptorship helped build confidence in newly qualified nurses.
- Expectations need to be managed throughout the process.
- Finding time for preceptorship pays dividends for all parties.
- The role of the preceptor needs to be clearly differentiated from that of mentor.