Preceptor-Guided Clinical Practica and the Learning Experiences of Nursing Students

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ABSTRACT

Background: In Taiwan, nearly one third of newly graduated nurses quit their first nursing job within 3 months and many never return to nursing. Because traditional clinical practice designs do not offer adequate opportunities for students to work independently, many senior nursing students lack self-confidence in their nursing skills and are not familiar with the day-to-day realities of nursing even after completing all their required clinical practice. A model for a preceptor-guided clinical practicum was designed to address this concern.

Purpose: The aim of this study was to explore the learning experiences of senior nursing students who worked with preceptors during their clinical practice.

Methods: Thirteen female nursing students were interviewed to discover their perceptions of their preceptor-guided clinical practicum. All interviews were tape recorded and transcribed. Descriptions were analyzed using Colaizzi’s phenomenological methodology.

Results: Four themes emerged from the data that described the preceptorship experience in the clinical practicum: (1) information and new experience overload, (2) feelings of loneliness and stress, (3) questioning whether strict preceptors achieve the best results, and (4) beginning to feel like a nurse.

Conclusions/Implications for Practice: Findings suggest that it is important for nurse educators to be clear and precise about the expectations of the preceptorship experience. Orientation for both preceptors and students is essential. Support and encouragement throughout the entire practicum experience for preceptors and students is necessary to ensure program success.

Key Words: senior nursing student, preceptorship, clinical practice experience.

Introduction

The ultimate goal of nursing education is to help students become qualified professional nurses. However, the transition from student to staff nurse is a significant challenge for many nursing students. In Taiwan, almost one third of newly graduated nurses quit their first job within 3 months and often never return to nursing (Tsay & Wang, 2007). Because traditional clinical practicum does not offer sufficient opportunities for students to work independently, many senior nursing students lack self-confidence in their nursing skills and are not familiar with the day-to-day reality of nursing even after completing their clinical practicum. The preceptorship was designed to address this issue.

Nursing faculty supervise nursing student clinical practice in Taiwan. The student/teacher ratio ranges from 6:1 to 10:1. Faculty instruct students based mainly on textbooks and standards for clinical settings. Instructors and nursing staff are role models for nursing students. Each student typically takes care of one patient during her or his clinical practicum. Previous studies indicate that most students lack sufficient confidence in their nursing skills (Last & Fulbrook, 2003; O’Shea, 1994) and are unfamiliar with the day-to-day expectations of nursing (Kelly, 1996) after completing the nursing practicum. Furthermore, instructor supervision limits student opportunities to communicate with other healthcare team members in the hospital hierarchy (Last & Fulbrook, 2003; Maben & Clark, 1996). Some doctors even ignore nursing student performance and communicate only with teacher-supervisors. The preceptorship model provides an opportunity to give senior nursing students practical clinical experience after completing the normal practicum program and helps smooth the transition between nursing student and staff nurse (Hecimovich & Volet, 2011).

Although a preceptorship is a popular learning method for senior nursing students in many countries, quality control remains a problem. When wards are understaffed, preceptors often do not have the time to teach (Corlett, 2000; Harris, Dolan, & Fairbairn, 2001). The beginning of a preceptor-guided clinical program may be stressful for both students and preceptors. The student may feel alone, whereas the preceptor is unable to build an effective relationship with the student in the short time available (Corlett, 2000; Harris et al., 2001; Last & Fulbrook, 2003; Levett-Jones, Accepted for publication: February 13, 2012

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Lathlean, Higgins, & McMillan, 2009). Yonge, Myrick, and Haase (2002) indicated that most preceptors credit neither the academic level nor the prior experience of their students. This increases the stress on both sides, which probably hinders student learning (Evans & Kelly, 2004). The authors of this study identified few studies that focused on student learning experiences with a preceptor during their clinical practica. The aim of this study was to examine the learning experiences of this group. Results can help nursing educators and nursing practice professionals better understand the conditions that students face when preparing for practice and may also help nursing students develop strategies for a smoother transition into professional practice.

Methods
This study used a phenomenological approach to characterize the learning experiences of nursing students who worked with a preceptor during the clinical practicum period by collecting narratives about the learning process through the “last-mile” clinical practicum (Streubert & Carpenter, 1999). A semistructured interview was used to collect data. Questions used to facilitate the interview included the following: (a) “What did you feel during the clinical practicum?” and (b) “What was the most difficult part of your clinical practicum and how did you cope with it?” Interviews were conducted in an informal, conversational style, and interviewees were allowed to determine the pace and direction of conversation. Interview questions were designed to explore the nursing students’ experiences and allow discussion of thoughts, feelings, and concerns about working with a preceptor in clinical practice. Core meanings of interviewee responses were then decoded and categorized from interview transcripts to identify prevalent themes. Recurrent words, phrases, and incidents in the interviews often generated new interpretations, which enriched the study by triggering new ideas that led to further examination of data.

Participants
Study participants were students in a department of nursing at a junior college in northern Taiwan. The recruitment of the participants was stopped when data saturation was achieved. Finally, 13 participants from four classes totaling 200 students volunteered as participants. Interviews were carried out within a week after the end of the 4-week preceptor-guided clinical practicum. All participants were female, 20 years old, and practicing at the same medical center. Most were working on their first choice unit, making the study sample highly homogeneous.

Ethical Considerations
College and hospital ethics review executive committees approved this study before data collection. Participants were fully informed about the study purpose prior to interviews and knew they could withdraw for any reason at any time. Pseudonyms have been used to protect participant privacy.

Data Collection
A semistructured interview format facilitated the investigation of the students’ practica experiences. Each participant participated in a face-to-face, in-depth interview lasting from 40 to 60 minutes. Interview questions were pilot tested, and a trigger question was subsequently added to elicit the context in which informants experienced the learning process. The corresponding author conducted all of the interviews, which were audio taped and transcribed verbatim. Field notes were completed immediately after the interview.

Data Analysis
Data analysis was performed using the procedure outlined by Colaizzi (1978), which was compatible with the interpretive approach of this study. The first author produced the verbatim transcripts of all interviews, which the corresponding author reread in order to obtain a comprehensive perspective on the content. Each participant’s learning reactions and thoughts were subsequently extracted from statements and formulated into meaning units, then organized into theme clusters. Data saturation was presumed when analysis of narrative data generated no new information, after which no new participants were invited (Streubert & Carpenter, 1999). Data saturation was achieved upon completion of the thirteenth participant interview.

Reducing Bias
To ensure credibility, the first author and the coresearchers, who are experienced in qualitative methods and counseling, analyzed data separately in terms of “meaning units” and then compared results. Each reviewed every line of text to identify topic category clusters. Initial differences in coding between the three analysts were resolved through discussion. Codes were then verified to determine whether participants’ experiences had been adequately and accurately represented. Transferability relies on detailed descriptions. At the end of all interviews, each participant was asked to review results for conformability. The whole process of this study was conducted in Chinese, then translated into English. The first and second authors who hold master’s and PhD degrees in nursing from the United States and advanced experience in nursing education were responsible for the translation.

Results
Nursing students’ experiences during their preceptor-guided clinical practica were similar. Four common themes emerged: (1) information and new experience overload, (2) feelings
of loneliness and stress, (3) questioning whether strict preceptors achieve the best results, and (4) beginning to feel like a nurse.

Theme 1: Information and New Experience Overload
Although every event may be routine for the preceptor, a nursing student’s lack of independent clinical experience makes it difficult to understand everything at once. Student C said: “In the beginning, the preceptor was very enthusiastic and described different situations quickly. I felt I couldn’t load it all into my mind and I was afraid to tell my preceptor that I was having trouble absorbing and memorizing everything.” Another student summed up the common perception during orientation of all participants (Student A and Student M): “I could not remember all the routines, although the staff had already taught me twice. I still could not finish patient care independently.”

Theme 2: Feelings of Loneliness and Stress
Every participant worked with an assigned preceptor. The one-on-one partnership was expected to provide students ample opportunity to practice independently in the real work environment. However, perceived stress arose from the different expectations of preceptors and students. The stress made students feel helpless.

Student I said: “I felt lonely...When I did something wrong, the teacher would tell me and correct me, but the preceptor would challenge the way I was taught. Under this circumstance, I felt embarrassed and life became more stressful.”

Another student stated (Student E): “My preceptor told me that I was inactive but I thought I just didn’t know what I could do or how to do it. In my prior practicum experience, teachers arranged everything for us.”

The head nurse returned my case report and said to me that, although the school didn’t teach me well, the preceptor should show me the right way as I belonged to the unit. I was afraid to tell the head nurse that the preceptor did not think it was her responsibility to teach me to write the case report. I was under tremendous pressure because of this. I didn’t know who could help me. (Student A)

Theme 3: Questioning Whether Strict Preceptors Achieve the Best Results
All the students knew that they would not graduate without the successful completion of the practicum. From previous practice, they understood that nursing was hard work and that communicating with certain nurses would be difficult. During the preceptor-guided practicum, nursing faculty were supervisors instead of direct instructors, and students knew they could not rely on their teachers’ protection anymore. They were required to face all situations on their own. Some unpleasant experiences caused participants to question their choice of nursing as a career.

Most of the 13 participants interviewed experienced rudeness from their preceptors, illustrated by the following (Student G): “The preceptor always had a bad manner of speaking. The preceptor had the same patient load as the other staff. I knew she was busy, but it was not necessary to speak so loudly and fast to me.....I was afraid to ask questions of my preceptor. I didn’t know what to do, so I did some chores to keep myself busy, like cleaning the IV stand. I felt like a mental laborer.” Another stated (Student D): “My preceptor blamed me because I was only there for four weeks and this was my last hurdle before graduation. She said I should be well prepared and not rely on her constantly, just like an idiot. She questioned why she had to teach me everything. I felt I was stupid and questioned why I was so clumsy and always forgot everything. I started to doubt whether I still wanted to be a nurse after I graduated.”

Theme 4: Beginning to Feel Like a Nurse
“Learning by doing” is an adage particularly applicable to clinical learning, which requires reality-based practice. Safe and competent nursing practice can facilitate the transition from nursing student to staff nurse.

Student H said: “I’ve learned various skills, such as drawing blood and inserting an intravenous catheter... Neither was taught at school... I’ve also learned how to manage work such as admission, discharge, examination, booking Out-patient Department and so on.” Student E stated: “I cared for patients with the same condition and I found I could answer their questions independently without asking the preceptor. I tried my best to complete assigned readings for the next day before I slept each night. I knew I had to prepare myself well if I wanted to feel comfortable when dealing with patients.”

Supportive responses from preceptors and patients improved nursing students’ self-confidence as well as their motivation to learn. Student F stated: “Last week, my preceptor let me and the other students take care of all her patients. I realized that I was able to handle it... My preceptor told her colleague that I was excellent... I was so happy when one caregiver asked me to give her some suggestions and designated me to help her mother.”

Student M was encouraged by her experience with a patient being discharged: “The patient asked a nurse to give special thanks to me on a day I was off duty. Experiences like this made the time seem to pass by fast. I just began to feel like a nurse, I really wished to stay here longer.”

Discussion
This study explored the learning experiences of senior nursing students who worked with preceptors as part of their
clinical practa. Four themes describing the thoughts and feelings of the students during their final clinical experiences were developed. Some of the themes echo the findings of earlier studies.

Cooper, Taft, and Thelen (2005) identified the theme “facing reality versus expectations” in nursing students’ final clinical experiences. This coincides with the “information and new experience overload” theme in this study. The difference between the practice guided by preceptors and nursing faculty is that preceptors guide and train students during the course of their daily nursing work whereas faculty focus their teaching on the in-depth care of one or two patients. Most nursing students are not prepared to care for a caseload of five to six patients (Heslop, McIntyre, & Ives, 2001). Previous studies indicate that a newly qualified nurse should expect 3–6 months of preceptor guidance (Hardyman & Hickey, 2001; Marcum & West, 2004). In this study, the practicum duration was only 4 weeks. It is obviously not enough for nursing students to fully experience the clinical environment or develop self-confidence.

Traditions that emphasize obedience and conformity still encourage students not to defy instructors openly (Dunn & Hansford, 1997; Hentz, 2005). Especially in Taiwan, most nurse educators employ methods they were taught to use to guide students. Hsu (2006) indicated that supporting students was not common during practicum programs and that teachers seldom shared their views on nursing with their students. Tradition also restricts teachers from giving praise, smiles, or support when tasks are performed well. It may not be realistic to expect the preceptors’ attitude to be any better than nursing faculty, especially when they carry the same patient load as other staff. In these cases, Bryant and Williams (2002) indicated it was difficult to expect preceptors to perform at their best, as preceptors’ willingness and aptitude mainly come from enthusiasm to help other students.

According to study findings, some students had positive experiences and expressed willingness to continue working at their host hospital. Students in this category ensured they were prepared for clinical work, were highly motivated to learn new techniques, and received positive feedback from both preceptors and patients. This result is consistent with previous studies (Levett-Jones et al., 2009; Shih & Chuang, 2008).

Conclusions
Although the training process is difficult for most nursing students, preceptor guidance, as part of the clinical practicum, helps provide real nursing work experience. Fostering an efficient learning environment that is able to field student curiosity and inspire eagerness to help patients and join the nursing work force will be a major issue for both nursing educators and clinical nurses. On the basis of the study findings, the researchers suggest the following as critical to an effective preceptor-guided experience: (a) set an appropriate duration for preceptor guidance to achieve intended results, (b) set minimum numbers and require certain qualifications for preceptors, (c) set a clear and organized teaching plan and checklist, and (d) require students to prepare for the practicum.

Limitations
The main limitations of this study were the recruitment of participants from one college and the location of all clinical practa at one medical center. These may affect the transferability of findings. The use of volunteers as participants may also introduce bias into the results.

References


護理學生臨床選習之學習經驗

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背景
根據統計，在台灣將近三分之一的護理應屆畢業生，第一份護理工作做不滿三個月，而且可能此後也不會再從事護理工作。由於傳統的臨床實習設計無法提供學生足夠的獨立工作機會，有相當多的護理科系高年級學生，雖然已完成各科實習，卻對自己的技術缺乏信心，對每日護理工作的實際運作也不熟悉。為了改善這樣的狀況，因而產生了護理臨床實習的設計。

目的
本研究目的在探討護理學生之臨床選習實習經驗。

方法
以現象方法學，探討十三位廿歲女性護生的臨床選習經驗，所有的訪談錄音後轉為文字記錄，並以Colaizzi現象方法學分析。

結果
得到以下四個主題：(1)過多的資訊與新經驗同時出現，(2)經歷孤單和緊張的生活，(3)嚴師出高徒？(4)開始覺得像一位護理師了。

結論／實務應用
護理教育者有責任提供清楚的護生臨床選習輔導指引，並須對護生及臨床輔導員的角色做清楚的描述與介紹，並在整個實習過程中給予雙方充分地支持與鼓勵。

關鍵詞：高年級護生、臨床選習、實習經驗。

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