

EDUCATION ROLES OF NURSES IN CLINICAL SETTING

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Abstract

Nurses have crucial roles in clinical settings since they are the first line in treating patients and they are also forming the last line in contact with patients. Furthermore, clinical settings include a variety of clinical staff including physicians, residents, nurses, and students. Nurses have also significant teaching roles for students and new involved nurses in career. In this study, we put emphasis in living experience of nurses as educators. The literature was reviewed to retrieve proper material in this issue.

Keywords: Nurses, clinical settings, education roles, living experience

Introduction

Clinical Needs for Education among Nurses

In their book, Jooste and Troskie (1995) focused on the point that there is a need for competent preceptors to enable students to become proficient in clinical practice. These preceptors help students in getting the maximal usefulness of all education opportunities that could be offered within the working area in order to develop themselves professionally. Furthermore, the authors put stress on the fact that the preceptors have to take the responsibility to direct, support, assess and evaluate the progress of students. The results of the study carried out by Laforet-Fliesser (1999) pointed out to a further responsibility of the preceptors in which preceptors have constantly faced with a challenge to reach equilibrium for the multiple demands of their students and clients simultaneously.

From a historic point of view, the term preceptorship has been introduced in the context of nursing for a relatively short period since when it was first appeared as a classification in the International Nursing Index of 1975. The word “preceptor” indicates a general implication of tutor or instructor (Shamian and Inhaber, 1985:79). According to Goldenberg (1987/88:11), preceptorship is considered as a unique experience to guide the preceptee/student by a preceptor for developing higher-level practice skills in order to contribute to quality patient care.

It has been described by Shamian and Inhaber (1985:79) that preceptorship being one-to-one situation provides an effective mechanism for learning. This type of learning has also been confirmed by Bashford (2002:14) who reported that the student/preceptee is able to learn effectively under the guidance of a competent senior person who interacts with the student in a one to one situation.

In another part of their book, Shamian and Inhaber (1985:79-81) indicated that successful persons in their occupation to be aware of the exact knowledge and skills that are crucial for the profession. The authors argued that this information should stand as one of the guidelines for nurse educators to enable them to identify the properties that professional nurses need to have as preceptors.

Living Experience of Nursing Preceptors

In their study, Ohrling and Hallberg (2001:530) showed that nurses' lived experiences as preceptors to emphasize their perception that preceptorship instilled confidence in students and empowered them in clinical practice learning situations. On the other, Been (2001:132-134) argued an opposite direction when he found diminished effectiveness of clinical accompaniment in the learning process due to the increasing in numbers of students requiring such accompaniment in a changing hospital environment.

In a study conducted by Kerstin (2000), the researchers focused on student nurses' experience of preceptorship using a phenomenological approach. The researchers aimed to highlight student nurses' lived experience of the preceptor/preceptee relationship on hospital wards. A phenomenological-hermeneutic analysis was made using tape-recorded interviews with seventeen student nurses. The researchers identified four themes: (a) creating space for learning; (b) providing concrete illustrations; (c) exercising control and (d) seeking reflection. Within each theme, sub-themes were included with internal variations. Students perceived the theme 'creating space for learning' was understood as basic in relation to the other themes and as the foundation of student learning and preceptoring. The ongoing process of preceptoring pointed out to the point that the preceptors acted as role models. Control was associated with both patient safety and student learning. The students' 'seeking reflection' included attempts to find peace and quiet either by themselves or with the preceptor. The reflection together with the preceptor facilitated the students' transformation of knowledge, from the specific situation to a general knowledge and increased the value of learning.

Several researchers have demonstrated that practicing nurses are in a position to play a significant role in student nurses' development (Fitzpatrick

et al., 1996) and learning (Diers, 1990; Hallet, 1997). In his study, MacLeod (1993) showed that nursing practice to be built on complex practical knowledge combined with theoretical knowledge and accordingly, it should be investigated and explored in everyday nursing work. The previous consideration requires highlighting student nurses' experience of preceptorship and meeting with a nurse as a preceptor.

In a study conducted by Polifroni et al (1995), it was found that about 10% of baccalaureate nursing students' time was spent with a registered nurse and that learning was largely unguided. It was also shown that nursing students supervised time, time spent with an instructor or any registered nurse to constitute 25% of their study time and Polifroni et al. (1995) raised questions with regard to the quality of clinical practice. In a similar study, Wilson (1994) reported the need for more clinical time by nursing students in clinical settings to learn more skills. Furthermore, the supervision process requires a supervisor and working with nurses. It was also reported by Wilson (1994) that nursing students perceived staff nurses to be the real world of clinical practice. It was important to differentiate teaching time from evaluation time.

Andersson (1997) focused on student nurses' supervision by a registered nurse and a lack of planning on how supervision should be carried out was found. Andersson (1997) also discovered that supervisors used many strategies and techniques that had no foundation in any educational thinking. The nurses' role and function in the students' learning and mastery of practical skills in nursing education need to be guided.

There has been a clue from the findings of Goldenberg et al. (1997) in which self- efficacy was valued amongst nursing students and preceptors following a preceptor programme. Harding and Greig (1994) pointed out to the point that there is a dilemma if practitioners do not have appropriate experience and training to be accountable for the teaching, supervision and assessment of learners. The researchers derived their conclusion from a theoretical perspective and indicate a need to investigate whether nursing students' experiences support the conclusions.

Green and Holloway (1997) reported the concern of students about clinical inadequate and irregular supervision, but there was great diversity among students. Marrow (1997) attributed that diversity in student learning to whether a task- or a patient-orientated system was used in the clinical field. In his study, Corbett (1998) has admitted that there were several unresolved issues within nursing education in the UK. One of these issues is the favoring of theoretical approaches to clinical skills and students' access to training within British nursing education. Corbett (1998) indicated that the university setting of nurse education is de-skilling both teachers and students and is influencing the discourses on clinical skills through official guidelines.

Fealy (1997) pointed that similar tendencies to be probably found in other countries when nurse education becomes an academic discipline. Accordingly, the relationship between theory and practice could be understood in various ways, as an applied science or as separate endeavours upholding the theory/practice dualism. One way to bridge the gap between theory and practice was suggested by Ferguson and Jinks (1994), who proposed a comprehensive and multidimensional model for use by curriculum planners. Ferguson and Jinks (1994) argued that this model was the only way to achieve the integration of theory and practice within nursing curricula. Their model was presented from the teachers' and practitioners' perspectives, but questions regarding the student nurses' perspective also need to be raised. The aim of this part of the present study was to illuminate student nurses' lived experience of preceptorship and its meanings, in relation to a preceptor/preceptee relationship on a hospital ward.

Phenomenology as a philosophy and research method has many variations. Heidegger (1988) is one of those who have contributed to the development of the concept of life world. Merleau-Ponty (1962) establishes connections with Heidegger when developing phenomenology with an emphasis on the relationship between nature and culture.

Selection of a Preceptor for the Preceptorship Role

Due to the importance of right selection of preceptors to guarantee the successfulness of learning output, selection of preceptors has been reported to be done differently in different countries and settings. This process depend on the availability of resource personnel and educational objectives to be met. Various characteristics have been reported to be possessed among which are clinical competencies, interest in the preceptorship role, ability to socialise the preceptee to the roles of a professional nurse, and willingness to serve as a role models (Jooste & Troskie 1995:11-15; Atkins & Williams 1995:1006-1015; Bain 1996:104-107; Reilly & Oermann 1999:196; Usher, et al., 1999:506; Sawin, et al., 2001:197). The conclusion of these authors is to adopt the preceptorship model due to its advantage of allowing close supervision and practice oriented education of students. In their turn, Oliver and Aggleton (2002:2) recommended that, both preceptors and preceptees are in need to have an obvious understanding of the process they are engaged in and their respective roles and responsibilities. In their study, Hardyman and Hickey (2001:59) emphasized that in selecting preceptors, there should be a matching between students learning needs with the knowledge and experience of the preceptor. These authors further expressed their perception that the preceptor's role to be concerned with the development of clinical

competencies through guidance. Reviewing the literature identified two basic methods of selection for preceptorship: voluntary and involuntary.

Voluntary Preceptorship

Voluntary selection concerns with advertising the preceptor posts for all registered nurses who are interested and by thus they show their interest by coming forth to take up the post. The advertisement usually reaches to interested registered nurses through a memorandum or newsletter that is circulated via the same clinical setting/health facility in which there is a need for preceptors. According to Mundy (2003:66), it was found that asking for volunteers is the best method of getting preceptors who will positively influence students /preceptees' learning. In their study, Jooste and Troskie (1995:8-9) added another factor, the interest of a person to participate in preceptorship, to be an important factor in preceptor selection.

Involuntary Preceptorship (Selection by Appointment or Nomination)

This process depends on the knowledge of nurse managers with the preceptor's capabilities, i.e. abilities that demonstrate they can perform the role effectively. In this process, the preceptor is simply instructed to take up the preceptorship role without being given an option as to whether or not they are willing to precept. It is worth to mention that such a process is the most commonly used method in the selection of preceptors in most clinical practice settings. However, the involuntary preceptor selection method has its own limitations such as most preceptors have showed lack of interest or inability to perform the preceptorship role because they have other commitments (Maskey 1996-97:10; Molefe, 2001:54).

Various studies have put emphasis on voluntary selection method rather than involuntary. Ohrling and Hallberg (2001:531) showed differences in the completion of the preceptor role between nurses who voluntarily agreed to teach students as part of their role and those who did not. Results showed that registered nurses who accepted to teach were those who had taken other studies and were informed about university expectations of the students and found their teaching task satisfying. On the other hand, registered nurses who were assigned to the preceptorship role were not found as adequate and not ready for the demanding and challenging preceptorship role. By conclusion, the results of the above study put stress on the importance of selecting preceptors through the voluntarily approach. Furthermore, this approach was found to improve nurses' level of understanding and commitment to the preceptorship role and the responsibilities entailed therein.

Characteristics of a Preceptor

Several authors have identified the following characteristics for a good preceptor:

- 1- Good communication skills with new employees and nursing students.
- 2- Helping skills in relation to patient care responsibilities.
- 3- Respect for others.
- 4- Confidence in others.
- 5- Clinical expertise.
- 6- Ability to professionally role model.
- 7- Ability to demonstrate leadership skills.
- 8- Proficiency promoting a team spirit among unit personnel.
- 9- Unit-specific skills, emergency preparedness and the ability to fulfill to all mandatory educational requirements (Byrd et al. 1997: 345; Nordgren et al. 1998:28; Jooste & Troskie 1995).

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