

# Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students

## ABSTRACT

A recent study undertaken by the authors (2007) highlighted that undergraduate nursing students were subjected to varying experiences in clinical practice, which were mediated by a number of factors. Mediating factors included continuity of preceptors, student attitudes, the clinical setting environment, student and preceptor expectations of the clinical practice experience and interactions between the student and preceptor. Of note, interactions with preceptors were seen to 'make or break' the practical experience. Therefore, the relationship that is forged between preceptor and student is vital in shaping the student's experience of the clinical area and of the real world of nursing work. Early positive socialisation experiences have been shown to improve retention rates of new nurses (Greene & Puetzer 2002), which are issues of prime concern in an era of worsening nursing shortages at all levels of the profession. A conceptual framework designed to guide preceptorship may help alleviate some of the difficulties experienced by undergraduate nurses in building relationships within the complex interactions of the nursing environment. The framework proposed in this paper offers a conceptual model that links positive preceptor leadership qualities (such as compassion, care and empathy) with student characteristics. This model proposes that synergistic interactions between nursing students and preceptors results in positive implications for the nursing workforce. This framework also has the potential for further development to fill the void created by a lack of conceptual guidance for supervisory interactions within the undergraduate clinical context.

## KEY WORDS

nursing;  
preceptorship;  
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practice;  
conceptual  
framework

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## INTRODUCTION

Research has shown that clinical experiences expose students to the realities of nursing which can be both disillusioning (Clare, Edwards, Brown & White 2002; Lockwood-Rayermann 2003) and viewed as an opportunity to see how experienced nurses demonstrate empathy and compassion through communication and care. The theoretical framework presented here proposes that when students witness leadership qualities of compassion and care demonstrated by their preceptors, not only is their learning experience enhanced but positive outcomes for patients are potentially increased.

Research undertaken by the authors in 2007 showed that students (preceptees) rated competence highly as a desired leadership quality and that through learning from an experienced and competent nurse; the student is exposed to effective clinical practices which directly enhance the student's own developing confidence and competence (Spouse 2001).

When a preceptee is matched with a nurse preceptor who is willing and able to demonstrate leadership behaviours as defined by students as desirable, the student directly benefits in terms of being exposed to learning opportunities, socialisation and orientation to the culture of nursing and guidance from an experienced nurse (Coudret, Fuchs, Roberts, Suhrheinrich & White 1994; Davies 1993). Nurse preceptors benefit from participating in the preceptorship experience in terms of intrinsic rewards such as teaching opportunities and enhancing one's knowledge base (Usher, Nolan, Reser, Owens & Tollefson 1999). Research suggests that nurse preceptors who enjoy and are supported in the role report higher levels of job satisfaction (Nash 2001). As a result of effective preceptorship and the 'carryover' effect of enhancing student competence, patients potentially experience better care outcomes (Dunn & Hansford 1997).

This paper proposes a conceptual framework

that focuses upon the interactions that take place within and around the multi faceted student/preceptor relationship.

The synergy model was initially proposed as a patient care model by Curley (1998) who defined synergy as 'an evolving phenomenon that occurs when individuals work together in mutually enhancing ways toward a common goal' (1998: 70). This model has been adapted and implemented in a variety of health settings as demonstrated by the following examples. Curley's model was adapted by the American Association of Critical Care Nurses who proposed that optimal patient care is best achieved when patient characteristics (needs) were matched by nurse characteristics (competencies). Kerfoot (2002) adapted the synergy model of patient care to the role of leaders in healthcare organisations. Kerfoot (2002) asserted that the leader must take responsibility for development of environments where optimal patient care is achieved through the matching of patient needs and nurse competencies. The creation of such environments was viewed by Kerfoot (2002) to be the result of a leader who is able to address and influence outcomes relating not only to self (the nurse) but also the patient and system.

Alspach offered an adaptation of the synergy model that extends to preceptorship and asserts that 'optimal orientation' (2006: 10) is best achieved when the needs of the nursing student are matched by the competencies of the preceptor.

These authors have offered adaptations of the synergy model which consider patient care, leadership and nursing preceptorship as interrelated elements that contribute to the learner's clinical experience. The central concept of the adapted model proposed in this paper assumes that nursing students (preceptees) will experience positive clinical practice when the nurse preceptor demonstrates the desirable characteristics of a nurse preceptor that include leadership (see Figure 1).

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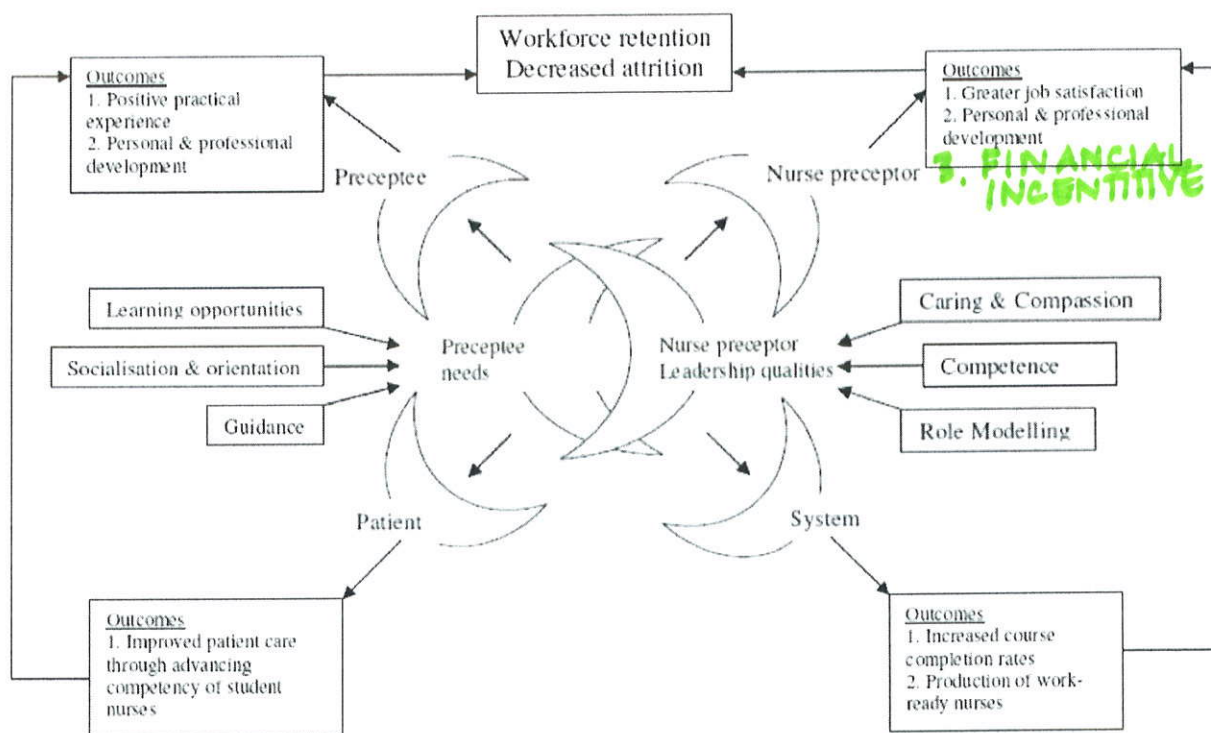


FIGURE 1: PROPOSED SYNERGY MODEL OF PRECEPTORSHIP FOR LEARNING AND CARE

## APPLICATION AND DISCUSSION

The proposed conceptual framework is titled the 'Proposed Synergy Model of preceptorship for Learning and Care'. The model aims to link the concepts of leadership, preceptorship, learning and the learning environment and show that leadership is a unique phenomenon defined exclusively by the context in which it exists. The underlying principles of the model highlight that individual personalities and circumstances vary. This in turn influences the approach used by the nurse preceptor when creating a positive learning environment through the embodiment of clinical leadership skills. The model postulates that nurse preceptors who display leadership characteristics that students find desirable, in terms of enhancing their clinical experience, contribute to positive personal and professional outcomes for the student and preceptor. This in turn leads to positive outcomes for patients and the organisation/system. These potential outcomes are reinforced by

authors' recent study (Zilembo & Monterosso 2007). The proposed synergy model of preceptorship for learning and care supports the relevance of caring and compassion as leadership skills embodied by a nurse preceptor.

Research has shown that clinical experiences expose students to the realities of nursing. Although these experiences can at times be disillusioning (Clare et al. 2002; Lockwood-Rayermann 2003), clinical experiences have been shown to provide a very real opportunity to see how experienced nurses demonstrate empathy and compassion through communication and care (Zilembo 2007).

In previous studies nursing students (preceptees) have rated competence highly as a desired leadership quality (Stanley 2005). Learning from an experienced and competent nurse exposes the student to effective clinical practices which directly enhance the student's own developing confidence and competence (Spouse 2001; Zilembo 2007). When a pre-

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ceptee is matched with a nurse preceptor that demonstrates leadership behaviours defined by students as desirable, the student directly benefits from his/her exposure to learning opportunities, socialisation and orientation to the culture of nursing and guidance (Coudret et al. 1994; Davies 1993). Nurse preceptors benefit from participating in the preceptorship experience in terms of intrinsic rewards such as teaching opportunities and enhancing ones knowledge base (Usher et al. 1999). Research suggests that nurse preceptors who enjoy and are supported in their role report higher levels of job satisfaction (Nash 2001).

Within the proposed framework, the system refers to the provider of undergraduate nursing education. The model postulates that when students are consistently preceptored by nurses who demonstrate desirable leadership qualities, providers of undergraduate education benefit in terms of **lower attrition, higher completion rates and the production of work-ready nurses**. This is supported by literature which shows that students leave training as a result of poor practical experiences (Cahill 1996), disillusionment with the realities of nursing (Clare et al. 2002; National Nursing and Nursing Education Taskforce 2005) and/or **feeling unsupported** in practice as a new graduate (Kramer 1974).

The guiding conceptual framework for this study aims to make the links between leadership, preceptorship, learning and the learning environment and show that leadership is a unique phenomenon defined exclusively by the context in which it exists. The underlying principles of the model highlight that **individual personalities and circumstances vary** which in turn **vary the approach the nurse preceptor needs to adopt in order to actualise a positive learning environment through the embodiment of clinical leadership skills**. The model postulates that nurse preceptors who display leadership characteristics which students find desirable in terms of enhancing their clinical experience impact not only upon the student but also create posi-

tive outcomes for the organisation/system and patients as well as personal and professional developments for both student and nurse preceptor.

The conceptual framework proposes that healthcare providers also benefit from the synergistic interactions between nurse preceptors and nursing students. Nurse preceptors who experience higher levels of job satisfaction in a supportive environment **perform more effectively clinically** (Kangas, Kee & McKee-Waddle 1999). Research has previously identified that the preceptor role can bring about positive personal gains and subsequently greater satisfaction within the nursing role (Dibbert & Goldenberg 1995; Usher et al. 1999). **The workplace also potentially benefits from greater workforce retention of employees.**

Ultimately, the conceptual model proposes that positive leadership qualities displayed by nurse preceptors produce positive outcomes for the preceptors themselves, for students (preceptees), patients, healthcare agencies and providers of undergraduate nursing education (systems). Eventually these outcomes lead to increased workforce retention and decreased attrition from pre-registration education programmes which are arguably issues of premium concern the the current healthcare climate.

Actualising this in the clinical environment presents a challenge for educational institutions and healthcare providers alike.

## CONCLUSION

**Research has repeatedly shown that students settle into placements more quickly and demonstrate greater confidence as a result of good mentoring and preceptorship.** Students identify their experiences with nurse preceptors as the **'make or break'** factor of the clinical placement and student/preceptor mismatch has been shown to be an obstructive factor to experiencing a satisfying learning experience.

While nurse preceptors appear to anticipate their role, they are not always prepared by the

constraints such as intensified workloads, placed upon them. Nurse preceptors identified intrinsic rewards of preceptoring such as increasing ones own knowledge base and the satisfaction of teaching but felt there was little or no extrinsic incentives in place to support or reward the additional responsibility taken on when precepting students.

These researchers recommend specific preparation for students regarding the form and function of contemporary preceptorship to ensure that students begin practical placements with realistic expectations of supervisory relationships.

In addition to the preparation of students for the preceptorship, nurse preceptors themselves need ongoing support and preparation for the role as a collaborative effort between healthcare organisations and tertiary education providers. It is a reality that there is a high turnover of staff in many areas of nursing both clinically and in education, thus preceptor education needs to reflect this reality. The researchers recommend preceptor training as a mandatory competency to reflect the importance of the preceptor role, which both NMBWA and ANMC cite as a responsibility of the Registered Nurse.

This model presents a framework that could be used to underpin the preceptorship of undergraduate nurses. Academics, students and healthcare organisations need to work collaboratively in order to foster learning environments that are conducive to the consistent and positive development of the future generation of nurses.

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