Going with it to get it done: Student nurse perceptions of the influences of preceptors on their learning in clinical practice

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Background

- Nursing students must complete between 1100 & 1500 hours of clinical practice in a variety of designated areas.
- Students are required to meet the New Zealand Nursing Council’s competencies for clinical practice in every clinical placement.
- Anecdotally, students tell us their experiences are highly variable.
Definitions

**Preceptor:** An RN in the host healthcare institution who has, ideally, completed an approved preceptorship course and to whom the nursing student is paired with for a shift.

**Clinical Teacher:** A member of the BN Programme; employed specifically by Unitec to oversee the students in clinical areas

**Nursing Lecturer:** An academic member of the BN Programme, employed by Unitec, who teaches in one or more nursing courses.
Literature review

- Learning for students – experiential, situational, highly complex and highly variable
- Supervisory experiences
- New Zealand studies – views from students and registered nurses
Aim
To explore the perceptions of BN student nurses regarding the influence of preceptors on their clinical learning

Research question
What helps or hinders BN students’ learning from preceptors during clinical placements?
Inductive approach (Thomas, 2006)
- condense raw textual data into a brief summary format
- establish clear links between research objectives and summary findings from raw data
- develop a framework of processes evident in the raw data

Data sources
- Focus groups
- Individual interviews
The participants

- **20 volunteers** from student groups about to enter their last semester of the BN program
- **Age range:** 20 – 53 years
- **Gender:** 19 female, 1 male
- **Ethnicity:** NZ European (13), Filipino (3), Maori (1), Samoan (1), Indian (1), Chinese (1)
Research process

- initial focus group
- 3 individual interviews
- researchers individually examined transcripts to identify concepts
- researchers met to discuss similarities and differences
- second focus group (different participants)
- researchers examined the transcript individually and as a group to refine existing concepts and identify new ones
- diagram developed to explain key elements identified in the raw data
- yet to do: further focus group to discuss diagram and identified concepts
Initial Data Analysis

How students manage ...

• Complexities within the clinical environment
• Interpersonal relationships with preceptors
• Challenges that arise
Student-preceptor relationship
Phases and goal

• Three phases:
  ➢ Preparing
  ➢ Initiating
  ➢ Managing

• Iterative process

• Ultimate goal for students is achieving competencies
Student-preceptor relationship
Learning environment

Three types:

• Unsupportive
• Flexible
• Supportive
Managing
Maintaining the relationship

- student perceives relationship to be suitable for assisting them to achieve competencies
- both student and preceptor contribute to the relationship

*If it is someone that you actually just get along with really well, it is maintaining it and I think it is a two way street, it is not just all you.*
Managing challenges

- student perceives relationship to be not suitable for assisting them to achieve competencies
- student has to put more energy into the relationship

*If it is someone that you actually don’t like but you have managed to get alongside then it is probably… managing it for your advantage because you have got to get your learning objectives done no matter what.*
Managing Perspectives and confidence

- student’s perspectives influence how relationships are managed
- perspectives change with time and experience
- students who are confident are more likely to look for ways of maintaining the relationship in the early stages before managing challenges become an issue.

I couldn’t have done this when I was 20... because I feel confident... it is probably something that I have gotten through my life experience... I try to look in a very positive way regardless of the difficulty of the situation.
Students’ goal during clinical placements

For me it is managing the whole time you are out on placement... because your number one goal is to get your competencies signed off so that you can graduate... you are managing the relationship to get everything signed off, to show them that you are competent.
…we were all year three students and there were three of us and we all had very different experiences with different preceptors. I had amazing preceptors the whole time and I loved it… another student had different preceptors and she was like, “oh it was all right”, and then another student had different preceptors who… wouldn’t let her do anything, weren’t really interested in having a student, she ended up doing obs most of the time and she wasn’t even offered the choice to ‘oh you haven’t done this, do you want to do this or do you want to assist with this’?…
She wasn’t horrible but she absolutely and utterly ignored me the whole shift. I was running around her like a little puppy dog and she didn’t do any meds with me...in the end I had to jump in and say, ‘can I do that?’ ‘Oh, OK’ she goes, but she didn’t teach me anything.
Unsupportive – the strategy

You go and do it. “This is what I have got and I need to get here so how am I going to get from here to there with what I have got?” And it is not going to be easy but you find a way. If you want it bad enough you will find a way.”
Unsupportive – the outcome

... “if you have a horrible day with a horrible nurse you go home and cry... Oh my husband has to put up with me crying on his shoulder and he said to me, “Honestly, your nursing degree has been really stressful for me as well”, and I hadn’t thought about this but it has.

...“the worst time I ever had ... I nearly dropped out of the degree.”
[The preceptor said] “I don’t know you, so if you don’t know something you have to tell me. We are going to communicate clearly, if you do not communicate then I do not trust you and then you will not be able to do anything. So how are you going to show to me that you are willing to do something?” I said, “How about I… observe you for the first one, and you scrub assist with me for the second one and if you feel I am doing okay then I will actually scrub solo for the third”… And she said, “Yes, that’s fair enough.”
You nice them out... You need to be able to *suck up really well*. [What does suck up mean?] Kiss arse.

On working with a different preceptor doing the same task... “*Then you do it her way... Because otherwise you will be in trouble*”.
...one of my colleagues had a terrible time with [a preceptor]... [That preceptor] didn’t start off well with me so I thought right I am just going to be really over nice, and chat with her and by the end of the day we got on like a house on fire.
The charge nurse was also very much of a case of **she knew what was going on**, she knew her stuff, **she knew if people were getting stressed** or not so it was a very supportive environment for them, so **it was a very supportive environment that passed on to everybody.**
In theatre... they were willing to teach and if I asked the question they were there, they were helpful, they were wanting for me to learn. *If I said, “I am going to do this tomorrow, I don’t know what the set is”,* one of the nurses went out of her way, got the set out, showed me how to put the blade on properly and went through the names of everything...
Supportive – the outcome

I felt encouraged... inspired and I also felt worthy. This is a role that I am contributing, this environment I am contributing in my role as a student. A student is not just to absorb, I can give back... feel like you are contributing, that you are actually wanted, or at least not not wanted. I really felt a part of the team... just by the way they treat you... you want to feel like you are part of the group, part of the team, not an outsider.
Significance (1)

What does this research confirm about what is already known?

- reiterates the complexities of highly charged environments where student nurses gain clinical experience
- confirms that NZ student nurses are experiencing similar clinical-related issues to students in other countries
What does this research add to what is already known?

• Three categories of clinical environments where student nurses gain experience

• Identification of the primary goal that drives students’ management of their clinical practice experiences

• Identification and explanation of strategies students use within each of those environments in order to achieve that goal
How does this research link to “knowing” and student nurses working with preceptors?

Student nurses are continuously:

- **assessing** the learning environment, including preceptors, during clinical placements
- **adjusting** their behaviour to ensure that they have the best possible learning opportunities in a variety of conditions
- **striving** to complete their competencies in order to “get the job done”
Implications

- Education providers
- Practice environments
- Clinical teachers
- Student nurses
Limitations and Recommendations

Limitations

- Sample size
- One institution
- Only students’ perceptions

Recommendations

- Cross-sectional research
- Research on nurse preceptors
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References


