

A Review of Preceptorship in Sustaining Nursing Training-Practice Congruence

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ABSTRACT

Preceptorship is a structured period during which a newly qualified practitioners is supported by an experienced professional to gain confidence and competence and transition from students to autonomous professionals. The nursing training-practice congruence is the harmony between theory from school and real practice. Preceptorship has been prescribed for maintaining this congruence since there frequently exist a nursing theory and practice discordance which jeopardizes patient care and outcomes. This review is relevant in that the concept, principles and the roles of the different actors of preceptorship have been explored. The objectives of this review were: to explore the concept of preceptorship, to outline the principles of preceptorship, to describe the roles of the actors of preceptorship, and to present the effectiveness of preceptorship in sustaining the nursing training-practice congruence. Sources of information included websites, journals, organizations, and text books. It was observed that preceptorship can take the forms of one-to-one, one-to-many, team and group approaches. The principles of preceptorship were, organizational culture, quality, preceptee empowerment, preparing preceptors, and preceptorship program. The roles of the preceptee included readiness to learn, active participation, engagement, accountability, being receptive to feedback, and attending meetings. The roles of the preceptor included induction, instructing, modelling, coaching, facilitating, supervision, and organizing meetings. The healthcare manager oversees the preceptorship program. Preceptorship is effective in increasing confidence, strengthening critical thinking, developing psychomotor, clinical and leadership skills, timely feedback, and enhancing communication and socialization. This review is important in that health care managers and employer could use the information to create preceptorship programs in the organizations.

KEYWORDS: Preceptorship, Preceptee, Preceptor, Principles, Nursing training-practice congruence, Effectiveness.

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INTRODUCTION

New nurses may have experiences from internships but may need to learn most of the things that happen in the clinical area. No one expects them to know everything, reason why many researchers prescribe preceptorship for new nurses to help them transition from students to professionals and easily adapt to the new work environment (1). Preceptorship is a closed-ended relationship of a fixed duration, where support is provided by a more experienced to a less experienced colleague who is new to the profession or new to a particular field within a profession (2). While new nurses lack the

confidence, competence, and experience to perform their job optimally, they also find it difficult to apply the recently acquired knowledge and skills (3).

The problem: Lack of confidence, competence, and difficulty applying acquired knowledge and skills are impediments to the nursing training-practice integration and decrease the quality of nursing care. Given the negative consequences of this incongruence and the fact that preceptorship can enhance this integration, there is a need to understand the concept of preceptorship. The objectives of this review were: to explore the concept of preceptorship, to outline the principles of

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preceptorship, to describe the roles of the actors of preceptorship, and to present the effectiveness of preceptorship in sustaining the nursing training-practice congruence. It was observed that preceptorship differs from mentorship, it can take different forms and is beneficial to both the preceptor, the preceptee, and the organization. It has five principles and three major actors who have varying roles. Preceptorship is shown to be effective in maintaining the nursing training practice harmony.

The Concept of Preceptorship in Nursing

Sustaining the congruence between nursing theory and clinical practice is a significant issue to embark on (1,4,5). Many researchers have prescribed preceptorship as the means to sustain this harmony (1,6,7). Preceptorship is designed to be a structured period of support to enable new clinical staff to transition from novices to qualified and fully accountable professionals (8,9). The National Health Service (NHS) and Health and Care Professions Council (2022) of the United Kingdom define preceptorship as (10) “a period of structured guide, support, and development of career during which an experienced professional supports a newly qualified practitioner to transition from students to autonomous professionals and develop their practice”. Nursing preceptorship is then defined as using evidence-based practices by an experienced nurse to help new nurses through useful feedback, setting learning objectives, teaching hospital protocols, and encouraging critical thinking to transition from learners to professionals (11).

Preceptorship is aimed at helping novice nurses to adapt and integrate themselves into their new team and workplace and to assimilate the institutional culture and practice to be able to assume their new role effectively. It provides support, guidance, and development for all newly trained nurses to

build confidence and competence as they transition from students to autonomous professionals. (8). It promotes accountability in the new nurse as supervision, formative evaluation, and timely feedback are ensured.

Preceptorship can take the form of a one-to-one (one preceptor to one preceptee), one-to-many (one preceptor to several preceptees), team preceptorship (group of preceptors and preceptees join forces to work together), and group preceptorship (group of nursing share experiences together and develop their skills) (12).

Preceptorship benefits the preceptee in that the novice adapts and integrates to the work culture faster, gains competencies, develops tacit knowledge, and becomes productive in the multidisciplinary team (13). It reduces psychosocial stress and culture shock (14) and offers psychological and emotional support by giving assurance, a sense of security, a sense of belonging, and involvement that boosts the morale of the new professional (15). It also enhances the individual’s self-efficacy, self-confidence, and interaction with others (16).

Preceptorship is mutually beneficial (13) to the preceptor and preceptee. It helps the preceptor to develop more knowledge and skills and enables her to develop accountability and communication skills in giving timely feedback (13). Efficient preceptorship gives the preceptor a sense of fulfillment and accomplishment and motivates him to do more.

Preceptorship is beneficial to the organization in that it increases staff retention and is a recruitment tool (17,18), fosters and maintains the organizational culture, increases productivity, enhances social cohesion amongst staff, and guides inter-professional Communication (19). It gives the profession, its identity, image, and better visibility as it serves to improve a competency-based nursing profession (20).

Table 1: The Concept of preceptorship

Aspects	Description
Definition	The preceptor guides the preceptee to transition from students to autonomous professionals.
Aim	Supporting the nurse to adapt, integrate herself and gain confidence in her new role
Forms	one-to-one, one-to-many, team and group approaches
Beneficiaries	The preceptee, preceptor, and the organization

Principles for Preceptorship

Health Education England has outlined 5 core principles for preceptorships with guiding statements under the following themes: organizational culture and preceptorship, quality and oversight of preceptorship, preceptee empowerment, preparing preceptors for their supporting role, and the preceptorship program. (21).

Organizational culture and preceptorship: Organizational culture has to do with the organization’s expectations, experiences, and philosophy as well as its vision, norms, symbols, language, assumptions, beliefs, and habits (25). The

culture reflects how employees, patients, managers, and stakeholders experience the organization and its brand. Preceptorship thus immerses the novice nurse and her professional role into the culture of the organization (23).

Quality and oversight of preceptorship: Having a functional preceptorship program for new nurses is a key activity in every health organization (23). The value of the new nurse’s health and confidence during the time of transition from student to professional is dependent on the quality of the preceptorship program (22). For this reason, every organization needs a governance framework in place to

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ensure monitoring, evaluation, and review of the preceptorship program (23) that focuses on ensuring high quality (26).

Preceptee empowerment: Preceptorship should be an adaptable approach that can be adjusted to the individual preceptee’s needs, role, and work environment (22). It should be a flexible program that empowers the preceptee to assess her performance and identify support needs (22,23). Focus on the preceptee with a protected learning time and the chance for the preceptor and the preceptee to deliberate and agree on how the preceptorship should go based on the preceptee’s best learning style (22,26).

Preparing preceptors for their supporting role: The role of a good preceptor is of paramount importance in effective preceptorship (22). The preceptor needs to be trained and

supported, given time to perform her role, understand her role, and be able to balance her roles as preceptor and clinical care provider (23). To focus on being a preceptor, the organization has to provide training, support, and time for preceptorship activities (22,26).

The preceptorship program: Preceptorship should focus on tailoring outputs and as such reflect a clear difference in the specificities of the current healthcare setting as compared to others (22,26). The content of the program should be tailored to meet the needs of the organization and the new nurse and should be based on the knowledge, skills, and behaviors necessary for the attainment of the organization’s vision (22). The length of preceptorship must be well stated depending on expected outcomes (23).

Table 2: Principles of preceptorship

Principle	Details
Organizational culture and preceptorship	Exposes the philosophy and culture of the organization Immerses the new nurse to the organizational culture
Quality and oversight of preceptorship	Protects the health and confidence of the new nurse Constantly evaluated to ensure its quality
Preceptee empowerment	Focuses on the preceptee Flexible to allow the preceptee to identify her learning needs, plan, and assess her learning Builds the preceptee’s confidence and competence
Preparing preceptors	Selecting, training, and supporting preceptors Defining the roles of the preceptor Protects precepting time
The preceptorship program	Focus on tailoring outputs to reflect a clear difference in the specificities Defines the length and content of the preceptorship program

The Roles of the Actors of Preceptorship

Preceptorship is a triadic professional partnership, relationship, or interaction with the preceptee, the preceptor, and the organization’s manager as actors (2).

The role of the preceptee:

A preceptee is a nursing student, a novice nurse entering the job for the first time, returning to work after a long period away, taking up a new role, or moving to a new organization at key moments of career transition working under the guidance of an experienced nurse to gain confidence to become an autonomous practitioner (8,22,27). The roles of the preceptee in the preceptorship program are:

- Be ready to learn under the preceptor: Though she may bring a range of background experiences and skills to their new roles, she must be ready to learn new skills to grow (28).
- Active participation in identifying her learning needs, setting objectives to meet the needs, and evaluating the level of attainment of objectives at each assessment point (27,28).
- Engage in the learning process by preparing for and assuming increasing responsibilities for each

clinical experience and coordinating her schedule to fit with that of the preceptor (29,30).

- **Maintain accountability:** The preceptee takes responsibility for her actions and owns up for her failures. She also needs to be appreciative of the preceptor (27).
- **Seek and be receptive to feedback** by asking questions for clarification and being ready to receive timely feedback (27).
- **Attend all preceptorship meetings** and participate in the evaluation of her activities and planning for continuation (29,31).

The role of the preceptor:

Preceptors are experienced nurses who are trained and supported to carry out their preceptor role (2). She should be knowledgeable, empathetic, clinically competent, patient, fluent in communication, flexible, and willing to teach others (32). The roles of the preceptor include:

- **Induction or onboarding:** The preceptor welcomes and introduces the new nurse to the new working environment and team and helps the new nurse through her process of adaptation to the new environment and job (33).

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- **Instructing:** Preceptorship is an education-focused model in which the preceptor must be ready to take the role of an instructor and help the preceptor through clinical learning (28). They function as link lecturers and use different teaching tips to enhance adult learning based on the learners' best learning style (29).
- **Modelling:** The preceptor explains or demonstrates her actions to the preceptee and then observes a return demonstration to ascertain that the skill has been learned. She is a role model as the preceptee is expected to learn from actions (34).
- **Coaching:** The preceptee performs the activities while the preceptor gives real-time instructions and feedback. This helps the preceptor polish her skills under observation (34).
- **Facilitating:** She encourages active participation, fosters critical thinking skills, and promotes autonomy among preceptees. This facilitates hands-on learning and promotes clinical reflection and professional development (29).
- **Supervision, and evaluation:** The preceptor engages in facilitative supervision which identifies problems, proposes solutions, implements the solutions, monitors the evolution, and evaluates outcomes or goal-attainment. Both formative evaluation and feedback are essential to supporting a learner's growth in the clinical learning process (29).
- **Organize meetings:** She has protected time to meet regularly with the preceptee as part of the preceptorship as well as training support to the preceptee (29,31).

Roles of the facility managers

Oversee the entire preceptorship program, act as a resource and support for preceptees and preceptors, recruit preceptors and new nurses as needed, train preceptors, assign preceptees to preceptors, ensure the evaluation of the preceptorship program, provide the material necessary for preceptorship, and review preceptorship evaluation feedback and implement changes as required (28).

Table 3: Actors of preceptorship and their roles

Actor	Roles
Preceptee	being ready to learn active participation engagement in the learning process maintaining accountability seeking and be receptive to feedback attending meetings
Preceptor	Induction Instructing Modelling Coaching Facilitating Supervision Organizing meetings
Healthcare manager	oversee the preceptorship program

Effectiveness of a preceptorship program

Since preceptorship uses evidence-based practice as the standard in health care practice (35), it would be a veritable tool in sustaining the nursing theory-practice congruence (36). Its effectiveness is as follows

Preceptorship has been shown to be effective in building confidence (37), self-efficacy (21), and competence in young career nurses. According to the Nurses and Midwives Council of London (21), preceptorship gives new nurses a sense of belonging and increases their confidence in performing their roles. Irwin et al. (37) concluded that a one-to-one preceptorship program had a positive impact on the confidence and competencies of the new nurses.

Preceptorship strengthens critical thinking (38), the development of psychomotor and leadership skills (39), and improves the clinical performance of new nurses (36).

Critical thinking which includes curiosity, logical thinking, and applying knowledge to clinical practice is very essential in clinical decisions especially when using the nursing process and improves greatly with preceptorship (38).

Preceptorship is effective in evaluating and giving timely feedback (40) and relieving work-related stress (41) and pressure (42) from the new career nurse. Feedback refers to helpful well-formulated information or objective criticism that is given close to the event to say what can be done to improve a performance (43) and should be based on first-hand observation and constructive (44).

It enhances communication and socialization (30) in a multidisciplinary team. Here, the preceptor does not just passively give information but is open to views in conflict with her own. When communication is effective, it enhances interpersonal relationships (45) and promotes socialization of

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the new nurse to the team (46). Socialization at the workplace improves competency development and aids transition (47) hence contributing to the quality of care. It is effective in promoting nursing staff retention in the facility (42). The longer nursing staff stay in the service, the

more competent and efficient they should become. But when the turnover of nursing staff is high, the facility may not have adequate experienced nurses and this will affect the equality of nursing care.

Table 4: Effectiveness of preceptorship and its significance

Effectiveness	Significance
Building Confidence, self-efficacy, and competence Critical thinking skills Strengthening	This improves performance and patient outcomes Nursing is complex and need critical thinking to go through the nursing process and clinical decision making
Timely feedback	Leads to timely correction of process and prevention of adverse events
Communication and socialization	Enhances work cohesion, teamwork, and reduces burnout
Nursing staff retention	The longer staff stay on the job, the more competent and efficient they would be.

CONCLUSION

This review on “Preceptorship in Sustaining Nursing Training-Practice Congruence” revealed that preceptorship can take the forms of one-to-one, one-to-many, team, and group approaches. The principles of preceptorship were, organizational culture, quality, preceptee empowerment, preparing preceptors, and the preceptorship program. The roles of the preceptee included readiness to learn, active participation, accountability, being receptive to feedback, and attending meetings. The roles of the preceptor included induction, instructing, modelling, coaching, facilitating, supervision, and organizing meetings. The role of the healthcare manager is to oversee the preceptorship program. Preceptorship is effective in increasing confidence, strengthening critical thinking skills, developing psychomotor, clinical and leadership skills, giving timely feedback, and enhancing communication and socialization.

RECOMMENDATIONS

After exploring the information above, we therefore recommend as follows:

1. Sensitized nurses on the concept and usefulness of preceptorship
2. A preceptorship program be developed for nurses on their first nursing job
3. Preceptorship model be included in the nursing training curriculum.

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