NURSE PRECEPTORS’ PERCEPTIONS OF BENEFITS, REWARDS, SUPPORT AND COMMITMENT TO THE PRECEPTOR ROLE IN THE INTENSIVE CARE UNITS OF FIVE MAJOR ACADEMIC HOSPITALS IN GAUTENG

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Faculty Disclosure

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COMMITMENT UNLOCKS THE DOORS OF IMAGINATION, ALLOWS VISION, AND GIVES US THE 'RIGHT STUFF' TO TURN OUR DREAMS INTO REALITY.

JAMES WOMACK
Overview

• Research Design
• Problem statement
• Purpose & Objectives
• Preceptorship
• Instrument context
• Results
• Recommendation
• Researcher reflections
Research Design

• Quantitative, non-experimental, descriptive, correlational design

• Non-probability purposive sampling

• A survey instrument developed by Dibert and Goldenberg (1995),

• The reliability of the instrument was pre-tested in three previous studies (Dibert & Goldenberg, 1995; Hyrkas & Shoemaker, 2007; Usher et al., 1999)

• 13 ICU’s in both public and private sector
Problem Statement

• Preceptorship in nursing education programmes

• Supporting newly hired staff

• Highly qualified and valued staff

• Addition to their nursing responsibilities, the risk of ‘burnout’ exists

• Need for understanding and current knowledge about preceptorship today and preceptors perceptions of the benefits, rewards and commitment to the role.
Study: Purpose & Objectives

• The **purpose** of the study was to examine the relationships among preceptors’ perceptions of benefits, rewards, support and commitment to the preceptor role.

• Objectives:
  I. to explore, describe and compare the relationships among preceptors’ perceptions of benefits, rewards, support, and commitment to the preceptor role.
  II. to elicit the extent to which years of nursing experience has on the preceptors’ benefits, rewards, support and commitment to the preceptor role.
  III. to describe and make recommendations for improvements in the future role of the preceptor in the clinical practice settings in Gauteng
Preceptorship

(Myrick et al, 2010; Jiang et al., 2012).

transfer of knowledge and skill; McKinley (2004) fostering human growth

positive socialisation. (Giallonardo et al, 2010)
## DIFFERENT VIEWS

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<th>Preceptorship</th>
<th>Mentorship</th>
<th>Clinical Facilitator</th>
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**Instrument:**

Preceptor’s perception of benefits and rewards

- Teach new staff and nursing students
- Increase my own professional knowledge base
- Influence change in my nursing unit
- Be recognised as a role model
- Improve my teaching skills
- Increase my involvement in the organisation
Instrument:

Preceptor’s Perception of Support

- I feel I have had adequate preparation for my role as preceptor
- The nursing staff do not understand the goals of the preceptor programme
- My workload is appropriate when I function as a preceptor
- I do not have sufficient time to provide patient care while I function as a preceptor
- Nursing educators are available to help me develop my role as a preceptor
Instrument:

Preceptor’s commitment to preceptor role

- I am willing to put in a great deal of effort beyond what is normally expected in order to help the preceptee be successful
- I feel very little loyalty to the preceptor programme
- I find that my values and the values of the preceptor programmes are very similar
- Being a preceptor really inspires me to perform my very best
Results

- perceived the benefits and rewards 81.25% - 100.0%.

- perceived support 41.20% - 80%

- perceived support to new nurses 56% - 70%

- support to student nurses, 68% - 73%

- perceived commitment. 91.25% to 85.0% (86.25% to 73.75% disagreement items.)
Results

- preceptor’s years of nursing experience **No significance found**
- number of times the preceptor had acted as a preceptor **No significance found**
- number of preceptor experiences **Moderate significance**

- nursing education, gender, age: **No significance found**
Result Bottom line
Results: Open ended question

- 21% suggested a need for a **formal preceptor programme**
- financial gain - formally appointed preceptors salary was **reduced**
- patient’s needs were high which made teaching **unpredictable**
- subcategories, make it difficult to teach because of their **lack of knowledge** of critically ill patients and the Critical Care situation
- **workload** of the preceptor was demanding
Recommendation

• EDUCATION:
  ✓ preceptor development programme
  ✓ CPD for Preceptors
  ✓ preceptor clinical model needs to be rolled out with understanding

• HEALTH CARE INSTITUTIONS
  ✓ implementation of a preceptorship programme
  ✓ preceptors to be recognised, clear role clarification
  ✓ Financial support, development of preceptor
  ✓ Time support to ensure development and maintain expertise

Nursing Practice
  ✓ preceptor need to be supported with commitment from management
  ✓ time to prepare
  ✓ preceptor has supernumerary status

NURSING RESEARCH
  ✓ preceptor development model
  ✓ implementation of the proposed clinical model
RESEARCHER’S REFLECTIONS

• Identify with the literature that found the need for supervision
• Loss of knowledge and expertise in the nursing profession
• Newly qualified and new students exposed and having to cope on their own
• Inexperienced nurses leaving the profession due to burn out
• Lack of support, having been a preceptor
• Commitment of preceptors is fading fast due to the feeling of not being able to change the situation in nursing.

• Silent shouts for the need for more experienced staff and in some instances, just more staff and the need for leadership and mentorship was evident in both the public and private sector.
"Commitment is what transforms a promise into reality."

Abraham Lincoln