Supporting newly qualified nurse transition: A case study in a UK hospital

Keywords

Preceptorship; “Post-Registration Nursing Education”; “Research, Educational Nursing”; “Newly Qualified Nurses”; “Support for Newly Qualified Nurses”

Abstract

Introduction and Background
Nurse education in the United Kingdom (UK) has been university based since the mid-1990s but despite careful preparation and assessment of student nurses it has been considered necessary to provide a period of additional support for newly qualified nurses (NQNs) to help them settle into their new role and responsibilities. Preceptorship is the process of supporting NQNs over this transition period from student to registered nurse (RN) and it is recognised that this can be a stressful and difficult time for NQNs.

Literature Review
A systematic review was conducted as part of this project and has been published in an earlier edition of Nurse Education Today (Whitehead et al 2013). This suggests that preceptorship is a positive and essential experience for NQNs and their employers.

Methodology and Method
A modified version of Lincoln and Guba’s Naturalistic Inquiry (1985) was used. A qualitative case study method was developed and consisted of a multi-stage approach to data collection including semi-structured interviews with key personnel; documentary analysis of preceptorship material; and focus groups with key actors. Ethical approval was attained for the project. The aim was to both interpret the social phenomena and to produce an evidence based tool to improve the preceptorship processes.

Findings and Discussion
Findings are grouped under the headings indicated by the initial interviews and focus groups. In addition a further 11 themes emerged from the findings, including: the need for specific time to engage for preceptors and preceptees; a requirement for formal recognition of the role and a culture of support; work to select and prepare preceptors and the management structure to support preceptorship.

Conclusion and Recommendations
The findings indicate that there are a range of factors which are reported to affect the successful transition from student to NQN. Based on these factors recommendations are made for practice and for further research. Practice recommendations: to provide supported preceptorship following the

recommendations of the research findings. Research recommendations: to concentrate on enhancing preceptorship as preceptorship in any form is better than none.

Introduction and Background

In the United Kingdom (UK), preceptorship is the process of supporting newly qualified nurses (NQNs) over the transition period from student to registered nurse (RN). This can be a stressful time for nurses and if not handled well can lead to nurses leaving the profession early in their careers (Kramer 1974, Duchscher 2009). At the time of writing there is a nursing shortage (Francis 2013, Ford 2014). Therefore, programmes to support them at this time of transition are important.

The usual meaning of preceptor in a nursing context is a “practice-based teacher” (Ulrich 2011). However, in the UK “preceptorship” within nursing, since it was first recommended in 1990 relates to a period of support for NQNs during their transition from student to RN (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1990). The definition used in this article is:

> A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning. (Department of Health (DH) 2010:11)

This project developed from work already undertaken at the medium sized general hospital which is examined in this case study. This National Health Service (NHS) hospital is henceforth referred to as “hospital A”.

A team of university lecturers and hospital clinical educators (CEs) identified terms of reference for the project and met at a series of monthly meetings. Partnership working was an important aspect of the project and developed effectively throughout the term of the project (Beddingham and Whitehead 2015).

This is case study research (Stake 1995). The research conducted was based on the practical outcomes of the policy implications at hospital A.

This study should be of interest to anyone involved in the process of facilitating the transition from student to registered professional. Nevertheless, we make no claims to the findings presented here being predictive of conditions elsewhere. This is in line with the guidance of the naturalistic methodology followed in this study (Lincoln and Guba 1985).

Literature Review

A systematic review was conducted as part of this project and has been published previously. Findings from this review identified eight themes: 'Managerial Support Framework'; 'Recognition and Status of Role'; 'Protected Time for Preceptor and Preceptee'; 'Education Preparation of Preceptors'; 'Recruitment and Retention'; 'Competence of Preceptees'; 'Reflection and critical thinking in action'; and 'Efficacy of Existing Measurement Tools' (Whitehead et al 2013).

Methodology

A modified version of Lincoln and Guba's Naturalistic Inquiry (1985, Erlandson et al 1993) was used. This provided a longstanding, authoritative and reliable ontological framework upon which to base the project. This view of the world accepts that the researchers are situated within the environment that they are studying. As Denzin and Lincoln state:

> qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible (2000:3).

Method

Ethical approval was gained from the university and NHS. Consent was gained prior to all interventions with participants. All data were securely stored by the principal investigator.

A case study design was adopted, utilising hospital A's existing preceptorship programme and the participants within it as the case to be examined (Stake 1995). A multi-stage approach was developed and included semi-structured interviews with key personnel; documentary analysis of hospital A internal preceptorship related material; and focus groups of preceptors and preceptees.

Initial consultation was undertaken with current and former hospital A preceptorship leads (n=2); and follow up focus groups took place with a snowball sample (Van Meter 1990) of preceptees, matrons, and Learning Environment Managers (LEMS) (n=40). One-to-one interviews took place with preceptors and senior clinical nurse managers (n=10). Therefore, the overall size of the sample was the total number of staff closely involved with preceptorship in hospital A at the time (n=52).

The aim was to both interpret the social phenomena as they appeared at hospital A related to preceptorship and to produce an evidence based tool to improve the preceptorship processes.

Analysis Method

The interview evidence was transcribed from audio recordings and the focus group evidence was transcribed from flipcharts written by the facilitator and notes written by an experienced naturalist inquiry trained (Lincoln and Guba 1985) note taker.

The analysis was conducted in two stages. This was to enable cross-checking and triangulation between the researchers.

Stage 1 was to divide data from focus groups and interview transcripts between the research team. The data were inspected in line with the naturalistic inquiry method (Lincoln and Guba 1985). This distilled content was presented under headings decided upon and agreed by the research team.

Stage 2 of the analysis was to split the findings generated by stage 1 between the researchers. The split was organised by providing each researcher with the findings from a set of agreed headings from stage 1.

The words of the focus group and interview participants are represented below as indented quotations. They are anonymised by role and coding.

Nineteen themes were identified from the analysis

These are summarised in a table as part of the concluding remarks of this article: The first eight themes were anticipated by the researchers following the initial discussions with the preceptorship leads and the systematic review.

1. Preceptor Training

There was an assumption that preceptors are formally trained and have, as a minimum, a mentor qualification. This, however, was often not the case with qualification and experiences varying from none to many years as a mentor.

> *I don't think I ever was [prepared for the role]. … the sister, decides on the preceptors I think. (preceptor I9)*

Interestingly, in response to this question the preceptors interviewed all commented on how they were allocated the role of preceptor. They report being 'chosen' or 'asked to do it' usually by the sister.

> *I was just asked to do it [by the sister] ... "Do you mind looking after her". (preceptor I2)*

Another emerging theme was a strong sense that the preceptor should have relevant experience of the clinical area.

> *I know she has been qualified probably at least four or five years -(preceptee I4)*

> *From an experiential point of view they have a lot to offer (matron I6)*

This experience is highly valued by the preceptees and other staff.

It is also clear that preceptors should have specific formal training for the role. A suggestion was that the preceptors should be developed together with the preceptees. There was also the need for a formalised approach to preceptorship.

An example solution to this is:

> *involving the preceptors in the preceptorship programme alongside the preceptees (preceptees G5F)*

The findings also demonstrated the need to establish acknowledgement of the preceptor role. The CEs and preceptors suggested it be linked to pay or a status based recognition. A job-description of the role was proposed by focus group LEM G1N which corroborated the notion that the preceptor role and status are important.

2. How are preceptors supported?

The key area of support appears to come from the CEs, the hospital's preceptorship lead/educational advisor and from the ward sister/manager.

> *there is your LEM to go to, if she is not available then I always if I have got a problem I always ring [names preceptorship lead].* (preceptor I9)

It is interesting that the preceptors identify the support coming directly from specialised educational roles, highlighting this important aspect of the role and supporting the need for them. From the focus group analysis it was identified that the CEs felt their role was to support **both** the preceptor and the preceptees (LEMs G1F and G2F).

There was also a system of group support identified. An important aspect of these groups was that it allows the individuals to build confidence alongside knowledge. The participants indicated that enhancing the level of confidence is more important than increasing learning.

The need for support is discussed throughout the data and in some cases this was clearly identified as an area for improvement, not just for preceptors but for all grades of staff.

> *I just don't think there is enough support for anybody... I still think there should be some more… learning environment for people*. (sister I8)

A recurrent theme identified surrounds the practical issues facing the preceptor. Time and being allowed time to precept, in particular is a major theme for all participants. There were many references to a lack of time being a major barrier to effective preceptorship:

> *…that is creating time, … the sister saying this is important and the matron … and then other people coming in to do your clinical work for you. (preceptee I3)*

Similarly space and the opportunity of 'time away' was highlighted; identifying spaces that could be used on an ad-hoc basis for preceptorship meetings was felt to be important.

Analysis of the data suggests the recognition of the role of preceptor and process of preceptorship was important. There was a strong feeling that if hospital A issued guidance on "time to precept" i.e. working alongside the preceptee, role preparation, training and need for meetings, that this would enable a more effective preceptorship.

3. Particular successful and unsuccessful experiences

The preceptors and matrons felt that the preceptoring experiences were successful. They commented that the NQNs they had worked with 'had been great' (preceptor I7) and that they had 'never had a problem' (preceptor I9).

The preceptees' experiences are also on the whole very positive; analysis suggested that support of the whole ward team along with their individual preceptor was important. Another positive aspect was the peer support gained whilst undertaking the organisational preceptorship programme (preceptees G4N and G5F).

Less positive experiences of the preceptees included the structure of the organisational preceptorship which sometimes meant training within the programme was not joined up with their needs on the wards and the lack of time allocated with their identified preceptor (preceptees G4F and G5F).

4. What should a nurse be like?

There was general agreement in four areas as to what a nurse should be like at the end of preceptorship. These were:

- Competent
- Confident
- Management abilities
- Being professional.

Firstly participants expected NQNs to be competent. This was defined as ‘having the skills to do the job’ (preceptee I3). One participant identified that in being competent NQNs should:

> *...be able to identify what their patient needs and why they need it and rationalise the care that they are giving...* (sister I1).

Preceptees also referred to ‘competence’ in terms of specific skills e.g. giving intravenous (IV) drugs or competent ‘doing medications’ (preceptee I10).

Being confident in practice was strongly aligned with competency. Many participants spoke of the two in conjunction:

> *they should feel confident and be competent on a daily basis...* (preceptor I2)

Confidence was also seen as a personal quality. It was related to the ability to know individual limitations in practice.

More senior staff expected post-preceptorship NQNs, to possess management skills.

> *...they should be able to manage their time effectively, prioritise their workload, [and] work well within the team...* (preceptor I7)

Finally, there was an expectation that on completion of preceptorship, NQNs should be professional (matrons G3N). The term ‘professional’ was one used by the participants. On discussion with them this appeared to mean that NQNs should be punctual, adhere to uniform policy, understand who to contact if unsure and comply with the NMC Code of Conduct (2008).

Despite the identification of these main areas there was acknowledgement of the individuality of NQNs and that everyone developed at different rates and had different learning needs. This would affect their progression on a preceptorship programme.

5. Is the evaluation tool useful?

There was a mixed reaction to the “confidence self-evaluation tool” shown to participants. The idea of measuring confidence was seen as useful and links to the expectations above that many had of the requirements of a NQN post-preceptorship. However some participants strongly disliked the tool.

> *... I hate it. People are going to tick what they think they need to tick aren’t they?* (senior matron I6)

However, the hospital’s preceptorship lead has found this very useful and this view is corroborated by the literature (Leigh et al 2005).

6. Anything else to say?

Some preceptors and sisters were very positive about the preceptorship programme and felt that it reflected well on the hospital. They also felt that it demonstrated that support was still available after qualification:

> *... it probably helps from the education side that, although they are qualified, they are still getting support...* (preceptor I2)

Preceptees identified the stress and fear that was felt during this time, often linked to high expectations of themselves (*preceptees* G4N and G5N).

Finally preceptors enjoyed the experience:

> *I enjoyed it...I think it gives them sort of clear cut guidelines. I think it gives them boundaries to work within*... (preceptor I2).

7. Role of the Preceptor

A range of views on the preceptor role were found. The role was compared frequently to the role of the mentor:

> *I would say the role of the preceptor is to guide the preceptee essentially … as a role model, someone to advise. Not to … be like a mentor as such, not … telling you what to do and accounting for what you do, because you are accountable (preceptee I3).*

The practical ability of the role to equip the NQN with the requirements of a good team member was also identified:

> *[The preceptor] helps the transition from … student to NQN; helps them to get all the skills needed over the next few months to feel happy with their role…….. Hopefully you pass on some good experience, be a role model (preceptor I7).*

This was further identified by a more senior member of the ward team as a complex set of skills:

> *The role of preceptor is to advise and guide and to be a role model and to set standards. To let the preceptee know what is expected of them but also you have to do it in such a way that you are nurturing the preceptees (sister I1).*

Others identified the importance of recognising the individual needs of the preceptee:

> *Helping them to make the transition from student to NQN... It's about identifying the preceptee's needs (senior matron I5).*

The definition of a preceptor as identified by DH (2010) was not shared directly with the participants. However, their comments in relation to the role of the preceptor are broadly in line with this official definition, thus demonstrating the level of awareness, amongst the participants, perhaps because of the hospital's policy in this area.

A reoccurring idea identified in the analysis of the data is that the main source of support for preceptors should be from the CEs. However, the CEs themselves described their role as mainly supporting students and mentors, and despite being in a focus group about preceptorship, they only discussed their role in relation to preceptors and preceptees when prompted to, suggesting support for the student and mentor is the priority (LEM G1F and G2F).

The amount of time allocated to the role of CEs at hospital A is small and perhaps this accounts for the lack of awareness around the need to support the preceptors. The data suggest that both CEs and the matrons feel time allocation should be increased and that a full-time CE role would be beneficial. This resonates well with the findings of our literature review for this project (Whitehead et al 2012, 2013) which indicated that a job description, set hours and educational line management structure were required to make these roles genuinely effective.

8. Specific Time to Engage for Preceptors and Preceptees

This theme was identified throughout the data collected and could be grouped into two elements; time out of patient care duties for preceptors to be able to fulfil the role and supernumerary time for NQNs.

A number of the study participants described the process of preceptorship as taking place in their own time or when they could fit it in.

> *I tended to stop a little while after I'd finished (preceptor I2).*

This issue was repeated in all of the focus groups. The fact that time to precept is often undertaken in a nurse's own time, suggests that although the role of the preceptor is seen as essential, it is in addition to their job as a nurse. The matrons' in their focus group felt this practice of 'preceptoring in your own time' was of serious concern (matrons G3F). The danger in this is clearly that some nurses, will not be able to stay after work. Consequently, the preceptorship process could then fail to take place altogether.

The second interpretation of this issue was that NQNs need a period of supernumerary time. Despite this being part of hospital A's policy, there was some variation in implementation. The policy appears to be well known as all participants correctly quoted the period of supernumerary status:

> *they only have two week supernumerary status don't they. I don't think that is long enough; I know it won't ever happen, but three months. I was frightened to death after my supernumerary status thinking "oh my God I am on my own. It is awful"; [I qualified] nine years ago (preceptor I9).*

This was supported by interview data from a sister who felt more supernumerary time would help the preceptors as well as the preceptee:

> *they may get two weeks supernumerary and then … if you are working on the ward … you just don't get to dedicate time for your nurse to help her out because you have got your own patients and they have got their patients. You need longer than two weeks (sister I8).*

However, participants appear to believe that additional supernumerary time is not an option. This is particularly important when the matrons' group felt that longer periods of supernumerary status would be helpful. They clearly, were either unaware that they had the option to extend this, as per hospital policy, or did not feel empowered to enact this option.

Newly Generated Themes

The analysis above discusses the data collected in the themes anticipated. However, this interpretation has generated a number of themes in addition to these. These are presented below.

9. Indicators of Successful Preparation

Several respondents indicated that they felt NQNs who had been on their clinical area for their final placement were more likely to have a successful and smooth transition.

These testimonies describe a logical progression which can be used to predict the level of support required by the NQN. A tool has been devised from this to help preceptors, CEs and nurse managers to plan for the level of support required.

10. Formal Recognition of the Role

It is noted in the preceptor support section above that a range of participants identified the need for formal recognition of the role. This could take the form of a job description specifically for preceptors, including time for preceptorship within their workload; formal preparation for the role; employer recognition of the role to allow the above and some way of enhancing the status of preceptors.

11. Confidence and Resilience

Many of the participants identified confidence and resilience as major factors in the preparation of NQNs for the workforce. Following our earlier systematic review (Whitehead et al 2012, 2013) hospital A has also prioritised this and has begun using a variant on the European Foundation for Quality Management (EFQM) tool (Leigh et al 2005). The hospital has also incorporated action learning sets into its organisational preceptorship programme. These are partly designed to increase confidence through a process of peer support and discussion. Action learning sets provide a forum for peer support through discussion, questioning and sharing of ideas and perspectives.

12. Culture of Support

Several participants indicated that the NMC (2006) and DH (2010) concept of personal preceptorship as a one to one relationship between an NQN and a more experienced nurse was not reflected in reality. At first sight this may sound alarming but the respondents clarified that the whole ward or department was precepting them collectively. They indicated that this was preferable in some ways to a one-to-one relationship, as this was prone to breakdown because of sickness, holiday, personality clash etc. There is the potential for problems with a policy of a

community of support rather than a prescribed individual relationship, as everyone may assume that someone else is supporting the NQN. Therefore, ideally, an organisation would encourage a culture of support at ward or department level alongside individual personal preceptorship.

13. Peer Support

The need for peer support for NQNs was identified in the literature review and has been enacted by hospital A in the form of action learning sets. These were shown to be popular amongst the NQNs in this research. Peer support is needed in order to provide a way of combatting isolation and to formulate actions to put into practice.

14. Preceptor Selection and Preparation

The issue regarding preceptor training has also raised the subject of preceptor selection. It would appear sensible to have set criteria to select appropriate RNs. However, from the discussions within the focus groups and interviews it appears that currently preceptors are selected by nurse managers based on their own judgement. In some instances the selector will choose inexperienced nurses to be preceptors. The criteria should be that they have been trained for the specific role of preceptor rather than a generic education role. This is because participants throughout the range of those consulted in this project consider preceptorship to be very different from clinical education of student nurses in a number of ways. These include the lack of a summative assessment role; the focus on support rather than teaching; the more equal relationship of two RNs rather than a registrant and a student; and the status of the preceptee as a member of staff rather than a student.

15. Management Structure to Support Preceptorship

A theme running through all of the participants' responses was that there needs to be an effective structure within the organisation to provide support to all staff including preceptors and preceptees. Many of the participants were aware of the corporate level support and some named the individuals in these positions. However, in order to be able to ensure the "culture of support" recommended earlier, there needs to be an effective intermediary position to facilitate policy implementation in the clinical area. These clinical nurse education support roles are increasingly seen as essential (Whitehead 2010).

16. Individualisation of Preceptorship Needs

As has been noted above, it is possible to predict the level of support that an individual NQN is likely to need based upon a set of known factors. Nevertheless, each NQN's requirements will be different. This is where the personal preceptorship and the culture of support are essential.

17. Preceptor Forum and Support Network

The preceptors indicated that they could see the value of the peer support for preceptees and felt that this would also be useful for preceptors. However, they were concerned that they would not find the time to attend meetings and suggested an electronic support forum. A combination of offering face to face forums and an online platform could be the best way forward.

18. Technological Support Processes

The electronic forum could also include preceptees to provide a useful addition to their support structure. The preceptee focus groups suggested converting the paper

preceptorship documents to electronic ones available on the hospital's intranet. This would allow easier access and make the official process easier to access.

19. Right Skills for the Job

Several focus groups and interviewees discussed the need to have the right skills for the specific job that they would be doing, rather than the general preparation for nursing that is provided in their pre-registration education. The matrons' focus group indicated that NQNs "should have a set of competencies at point of registration such as IV drug admin" (G3F).

IV drug administration was repeatedly commented upon, in focus groups and interviews, as a necessary requirement of the RN. Consequently, NQNs should be assessed for competence as soon as practicable. IV drug administration is an example of the specific needed skills for the job and there are likely to be others which are needed widely across the hospital and others that are required for specific areas. The preparation for these should be prior to, or quickly after registration.

Conclusion

We know from our literature review conducted as part of this study (Whitehead et al 2012, 2013) that any form of organisational support framework for NQNs is better than none. Therefore, this research project investigated hospital A's preceptorship programme with the intention of using the findings to improve the type of support given. We also know from a combination of our review and the findings of others (Robinson and Griffiths 2009, Edwards et al 2011, and Whitehead and Holmes 2011) that preceptorship is effective in the following:

- Improves confidence and competence

- improves job satisfaction
- reduces stress and anxiety
- improves retention rates
- improves critical thinking

Also from the literature review we know that the following issues were important in creating an environment conducive to effective preceptorship:

- a managerial support framework to support preceptorship
- recognition and status of role of preceptors
- protected time for preceptor and preceptee
- educational preparation of preceptors
- that there were existing measurement tools for the outcomes of preceptorship

We explored the issues raised in the review in more depth during the project. This led to a number of additional findings which are examined in depth above and are summarised in a table below:

Themes	**Summary**
1. Preceptor Training	Specific preceptor training is needed
2. How are preceptors supported?	Preceptors need support and recognition from the organisation
3. Particular successful and unsuccessful experiences	Preceptors and preceptees had an overall positive view of preceptorship
4. What should a nurse be like?	NQNs should be: competent, confident, have management abilities and be professional
5. Is the evaluation tool useful	The preceptorship lead found this useful despite mixed response from participants
6. Anything else to say?	Pride in the hospital's commitment to support and education post-qualification
7. Role of the Preceptor	Helping the NQN through transition seen as a different set of skills to those needed to teach and assess students

8. Specific Time to Engage for Preceptors and Preceptees	Defined as time out of patient care duties for preceptors and supernumerary time for NQNs
9. Indicators of Successful Preparation	The closer a student's final placement is to their first destination the least support they need during transition
10. Formal Recognition of the Role	The role needs formal recognition ideally in the form of a job description
11. Confidence and Resilience	The use of a formal confidence monitoring tool and peer support groups is useful in engendering confidence and resilience for NQNs
12. Culture of Support	A local culture of support is needed alongside individual and organisational preceptorship support
13. Peer Support	Action learning sets are a good way of providing formalised peer support
14. Preceptor Selection and Preparation	Preceptors should be experienced nurses who have undergone specific preceptor preparation training
15. Management Structure to Support Preceptorship	Clinical nurse educator role needed as part of preceptorship management support structure
16. Individualisation of Preceptorship Needs	Predictions of likely levels of support can be made but each NQN needs an individual support plan
17. Preceptor Forum and Support Network	A peer support network for preceptors is indicated
18. Technological Support Processes	An electronic forum and intranet based resources would help support preceptors and NQNs
19. Right Skills for the Job	Each area will have its own set of very specific necessary skills and these should be should be achieved either just before or just after qualification by the NQN

These issues engendered the recommendations that follow.

Recommendations for Practice

This report indicates that to engender the most effective preceptorship the findings of this research are acted upon. An evidence based toolkit to support this has been devised by the research team and is currently being reviewed by hospital A with a

view to developing it into a holistic framework. In essence, this toolkit consists of the recommendation to implement the findings of this research as outlined above. The research team are currently preparing this for publication.

Recommendations for Further Research

It would be interesting to replicate the research design in other workplaces.

This study identifies a structure of support running throughout the whole organisation as ideal. Therefore, it is recommended that future research be focused upon identifying ways to improve preceptorship processes. Consequently, the next step is to trial the toolkit emanating from this case study.

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