

# Role and responsibilities of nursing preceptors



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Lake Regional Health Systems like many other hospitals across the country have designated preceptors in each unit who take on the role of helping to orientate and train both graduate nurses and new nurses to the units in which they are employed. Hospital administrators and Unit Managers rely on preceptors to provide instruction and to be positive role models who are able to share their knowledge and expertise in a positive way to the individual who they are precepting. However Lake Regional is not alone in the fact that we do not have an in-house training program designed to give our employees who are preceptors the vital tools needed to not only make sure the person who is being precepted is successful in their new jobs but also the training to insure that the hospitals designated preceptors are effective in their role. “ Preceptors are expected to provide successful education, socialization, and role modeling, yet may not receive education on how to be effective” (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011, p. 117).

Nurse orientation in acute care generally includes three phases: general hospital orientation, general nursing orientation, and precepted clinical shifts on the unit of hire, where orientees are paired with an experienced nurse. “ Total time for this orientation is commonly approximately 8 weeks for an experienced nurse and 12 to 14 weeks or longer for a new graduate nurse” (Gavlak, 2007). “ New graduate nurse residency programs may have periodic content through the first year while the orientee is functioning as a staff nurse”(Golden, 2008). Most of the time during initial orientation is spent on the unit of hire; each orientee is commonly paired with one or more nurse preceptors to learn areas such as procedures and policies, observe and practice new skills, and become familiar with the patient population, routine,

and culture in the new environment. “ By the end of the precepted experience, the orientee must be able to demonstrate all core competencies for the unit” (Peterson & Berns, 2005).

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Hospital leaders may stress the promotion of critical thinking and appreciation of diversity and different learning styles among new nurses; however, few prospective studies evaluate whether hospital-wide education programs can successfully equip preceptors for these tasks. Few studies have examined the relationship between preceptor education and retention of orientees.

Research on preceptorship experiences has often focused on nursing students rather than practicing nurses, so supporting data for appropriate preceptor development, evaluation, and outcome of practicing nurses are limited. Challenges to nurses undergoing orientation are overwhelming. Roth (2008) noted that because of the rapidity of computerized National Council Licensure Examination-Registered Nurse results, the new graduate nurse no longer has a buffer period to practice as a graduate nurse under direct supervision of an experienced nurse: “ High patient acuity and complexity, high workplace expectations, and new nurses’ feelings of inadequacy all contribute to an estimated 33% to 69% of new nurses changing positions within a year of graduation” (p. 216). Salt, Cummings, and Profetto-McGrath (2008) listed factors contributing to nurse turnover: “ difficulty with role transition, reality shock, job satisfaction, pay, negative organizational

climate, self-concept, and horizontal violence” (p. 287). Experienced nurses need effective orientation and preceptorship as well.

Many hospital administrators are realizing the importance of facilitating the integration of new nurses during orientation and in the period thereafter, in the hope of increasing retention. The financial effect of turnover in acute care settings is significant. Turnover is costly and also may contribute to exhaustion among preceptors. Jones and Gates (2007) provided a thorough discussion of the direct and indirect costs of nurse turnover. According to a survey in acute care facilities, replacing a nurse costs approximately 200% of the nurse’s salary (HSM Group, Ltd., 2002). Combined direct and indirect costs for replacing only one nurse have been estimated at \$92, 442; this increases to \$145, 000 for a specialty area nurse (Robert Wood Johnson Foundation, 2006).

Salt et al. (2008) reviewed 16 interventional studies by health care organizations to increase retention rates for new graduate nurses. Only 1 of the 16 studies evaluated a preceptor program model with a preceptor focus, the intervention in the current study. The authors (Shermont & Krepcio, 2006) reported retention of 96% of new nurses at 1 year compared with 46% before the preceptor program was initiated. Speers, Strzyzewski, and Ziolkowski (2004) discussed the role and recognition of preceptors and described the educational workshop for preceptors at their large hospital. Feedback from preceptors was positive, with participants stating that they had learned some new information and that they felt appreciated and valued. However, no formal learning assessment was done, and the effect on orientees was not evaluated.

Although preceptors may value their role, they recognize it as a stressful one, primarily because preceptors take on an increased workload and assume responsibility for the work of the orientee (Hautala, Saylor, & O'Leary-Kelley, 2007). An organized approach to educating preceptors may enhance preceptors' satisfaction and provide supporting evidence that a hospital is actively interested in professional development of their experienced nurses. Many hospitals are pursuing national quality indicators that require deliberate effort in assessing and intervening to improve nurse satisfaction and professional development. For example, there are increasing data from the National Database of Nursing Quality Indicators to support the link between nursing satisfaction and better patient outcomes (Montalvo, 2007). The increasingly coveted recognition of Magnet status for hospitals requires supporting evidence that the hospitals provide professional models of care and develop systems and education that support nurses as teachers (American Nurses Credentialing Center, 2004). Continuing education strengthens nursing practice, administration, and research, and will ultimately improve the health of clients.