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## Preceptor Models for New Nurse/Student Nurse Orientation

Contemporary health care systems are plagued by numerous problems such as decreasing reimbursements, an aging workforce, and rampant staff shortages that call for increased retention of new staffs (King’s College London, 2008). Research, however, shows that a significant proportion of recently graduated nurses quit their positions within three years due to stressful working environments and inadequate support during their transition from student to proper professional practice. High rates of staff turnover are costly to organizations due to the costs associated with hiring and orientating new nurses. They also lead to discontinuity in patient care and poor patient outcomes ( VanWygreen & Stuart, 2009). A number of strategies aimed at increasing retention rates of new graduate nurses have been explored and described in literature. Key amongst them are preceptor models which will form the focus of this paper as they contributed greatly to my professional growth as nurse. The paper will describe the challenges faced by newly graduated and student nurses, explore the problems faced by preceptors, and review best practices on preceptorships.

## Background

Benner (1984 as cited in VanWygreen & Stuart, 2009) created a framework that detailed the steps nurses pass through as they progress from novice to expert. The novice stage lasts throughout the nursing education. This stage is a period of learning how to perform tasks and other new experiences. Recent graduates transitioning into professional practice are termed advance beginners. Nurses at this stage utilize knowledge garnered from previous similar experiences. However, they are unable to prioritize different care aspects in order of importance and they tend to treat all elements of care equally. Benner suggested that nurses at the two stages need help in the clinical settings particularly in establishing priorities and ensuring that some of the patients needs do not go unattended. Benner’s hypotheses are supported by current research findings on how newly graduated nurses transition into practice. Research has established that the transition period is a time of immense stress and learning for students and new nurses. They face challenges such as lack of confidence in their nursing skills and clinical knowledge, workload demands, in establishing relationships with peers, organization and prioritization of care, and communication and interactions with physicians (Duchscher, 2008; Etheridge, 2007). According to a study by Hodges et al. (2008), the most difficult challenge cited by majority of the new nurses who participated in their study was developing confidence and competence in new scenarios within patient care ambit. This point is supported extensively in literature whereby most nursing students and new graduates express fear that they might not be able to discern everything that happens to a patient even though it is important for them to be able to analyze information and understand it meaning. These nurses often stated that they were given more responsibility and accountability in regards to patient care than they had anticipated. By the end of one year, most nurses are more confident and able to trust their own judgments. They are also more comfortable with known and unknown information (VanWygreen & Stuart, 2009).

## Need and Benefits of Preceptors

Because the transition period is a tumultuous time for nursing students and new nurse graduates, provision of the support necessary to thrive is essential. Inadequate support systems may result in dissatisfaction, work-life imbalance, intent to quit, and high turnover rates for newly graduated nurses. The period between 6 and 12 months after employment has, in particular, been identified as a low-point for most new nurses (King’s College London, 2008). Preceptor models embedded within a comprehensive orientation programs have been found to be effective modes of orientation and provision of support to new nurses and students. Preceptors are experienced staff nurses who are assigned the task of teaching new graduate and student nurses about nursing practice (Race & Skees, 2013). They act as both mentors and coaches to these groups of nurses and help them to develop and mature as nurse practitioners. They orient perceptees to their new roles, coach them on the basics of the job, provide ongoing support, help shape their critical thinking skills, evaluate their performance and provide feedback on areas for improvement, recommend the perceptees for inclusion to committees, projects, and consideration during promotions, and introduce them to other nurses and nurse leaders within the practice environment and community. Precepting is arranged formally, time-bound, and it relies on proximity. A mentoring relationship may emerge, however, if the relationship lasts beyond the allocated time period (VanWygreen & Stuart, 2009).

## Challenges to Preceptor Models

Increased challenges in the workplace environment threaten the viability and success of preceptorship though. Current health care environments are characterized by high rates of staff turnover due to job dissatisfaction, restructuring of health care systems, and retirements (King’s College London, 2008). This has lead to a decrease in the number of experienced nursing staffs who can act as preceptors. Additionally, existing preceptors usually have little time for preceptees due to work-related challenges such as increased workloads and acuity of patient conditions. Stereo-typed and unwelcoming organizational cultures as well as lack of administrative support also influence the preceptor-preceptee relationship (VanWygreen & Stuart, 2009).

## Best Practices on Preceptorships

In spite of the cited challenges though, studies have established best practices that enhance the effectiveness of preceptorships. They include ensuring that the needs of preceptors are addressed (Salt, Cummings, & Profetto-McGrath, 2008), increasing the number of preceptors so as to prevent staff burn-out, narrowing the age-gap between preceptors and new nurses, non-inclusion of preceptors in productivity during the orientation period so that they can focus on the needs of the preceptees, training of preceptors (Mills & Mullins, 2008), and mentoring of preceptors. A number of varied approaches to preceptorship have also been found useful in ensuring the success of orientation of new and student nurses. These approaches include one-on-one preceptor guided experiences where each preceptee is assigned one precepetor who he or she works with throughout the orientation period and the phased preceptor approach in which different individuals conduct different aspects of the orientation (VanWygreen & Stuart, 2009). The roles played by preceptors that that facilitate the effective transition of new graduates nurses include role modeling, integrating new nurses and students into the unit’s culture, encouraging and evaluating performance, advocating for new nurses, debriefing after critical incidents, fostering the development of collegial relationships between the preceptee and other staffs working in a unit, provision of ongoing support, helping the preceptee to adjust to the profession, and teaching the preceptee clinical skills (VanWygreen & Stuart, 2009).

## Application of Findings of the Analysis

Conclusion
In conclusion, dynamics in health care have led to an increased rate of nurse turnover. This has in-turn created a need for the retention of new graduates in the field. Preceptorship is an effective orientation approach for new nurses and students. They help these nurses to develop the necessary competencies and to assume their roles effectively. Preceptors need support for them to function. The analysis has helped me appreciate the roles of preceptorships and I would recommend them to my fellow registered nurses.

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