

# 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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# 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

Preceptorship	Mentorship	Clinical Facilitator
Asia	United Kingdom	Australia
Canada	Europe	South Africa
South Afrika	United States of America	
	Canada	
	South Africa	

# 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.)



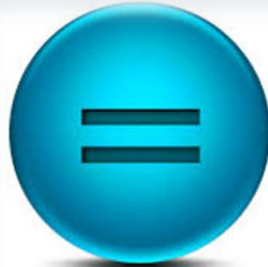


# Results

- 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

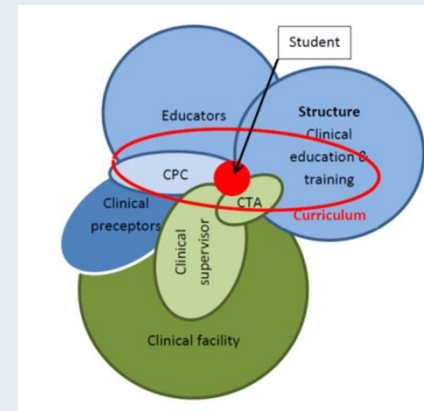
## Nursing Practice

- ✓ 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**