

Research Article

Preceptors Perceptions of the Transition of Newly Qualified Professional Nurses to Develop a Preceptorship Model

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Keywords

- Preceptor
- Preceptorship
- Model
- Newly qualified professional nurse
- Transition

Abstract

Transitioning to a professional role is not easy for newly qualified professional nurses. In South Africa, the National Department of Health found that newly qualified professional nurse a newly qualified professional nurse is reported to have great difficulties when entering the clinical area. This study aimed to investigate newly qualified professional nurses' professional transition experiences to develop a preceptorship model.

This article was part of bigger doctoral study. A qualitative, descriptive phenomenological study was conducted by applying semi-structured interviews to gather facts from seven preceptors. Data were analysed using Braun and Clarke's six steps to thematic analysis. The study revealed that newly qualified professional nurses face transition challenges when entering clinical practice. Newly qualified professional nurses believe they are thrown far in and experience a reality shock while new to clinical practice.

INTRODUCTION

Globally, newly qualified nurses find the transition from student to newly qualified nurse stressful, intimidating, a multifaceted experience and challenging [1]. Given the challenges newly qualified nurses experience during transition to practice, a type of support is essential for newly qualified nurses to become efficient, safe, confident and competent in their professional role [2]. This is a concern around the world where the nursing education institutions or the government pursue measures to improve the challenges of newly qualified nurses [3]. According to [4], transition programmes are important for newly qualified professional nurses to gain experience. Given the challenges that newly qualified professional nurses experience during the transition to practice, support is essential for newly qualified professional nurses, for them to become efficient, safe, confident and competent in their professional roles [5]; [2]. In addition, [1] found that the first few months of nursing practice are important to newly qualified professional nurses as this phase is associated with high stress levels, theory-practice confusion, and an increased risk for errors; thus, hindering newly qualified professional nurses assuming their professional role.

In South Africa the National Department of Health found that newly qualified nurses experience significant challenges when entering the clinical area. This led to the development of a model to correlate theory and practice. Through this model clinical training and education must be strengthened by establishing

clinical training units at nursing education institutions and hospitals, while being supported by a system of preceptors [6]. That is why the purpose of this study was to investigate newly qualified professional nurses professional transition experiences to develop a preceptorship model.

Research purpose

The study aimed to investigate the transition experience of newly qualified professional nurses from student to professional nursing to develop a preceptorship model for newly qualified professional nurses.

Research objectives

The study's research objectives are as follows:

- To investigate and describe how newly qualified professional nurses experienced the transition toward nursing.
- To probe and explain the preceptor's perceptions of the transition of newly qualified professional nurses toward professional nursing.

MATERIALS AND METHODS

Qualitative research is a diligent, academic, interactive, comprehensive, subjective research approach used to explain life

experiences and traditions [7]. The research approach for this study was qualitative in nature. This was appropriate because the researcher investigated the transition experience of newly qualified professional nurses from student to professional nursing to develop a preceptorship model for newly qualified professional nurses. This allowed for rich knowledge and experience of the concept. Although the researcher planned the study, a qualitative approach allowed for reaction to the situation and the phenomenon under investigation.

This study was conducted in the Western Cape Province in the Republic of South Africa. There are five regional hospitals and six tuberculosis public hospitals within the Western Cape. In the catchment there is a public regional hospital (Hospital A) and a public tuberculosis hospital (Hospital B). The population of this study were all nurses employed at these two hospitals. Population is the universe of units from which the sampling is done [8]. The researchers targeted those nurses who were employed on a full-time basis. The target population includes all in which the researcher is interested [9]. The accessible population adhered to the sampling criteria of the study. The accessible population is described as the people accessible for a specific study [9].

Sampling is the process of choosing people with whom to conduct the research study [7]. Purposive sampling was applied to achieve the research objectives. The benefit of purposive sampling is that it permits the researcher to choose a sample based on experience and insight of the phenomena under investigation [10]. Convenience sampling was applied to select the two hospitals, because the research site was readily available [11]. The nonprobability sampling method, purposive sampling, guided the researcher to choose participants who might have insight, understanding and rich understanding about the phenomenon under investigation. Thus, eleven preceptors were recruited to participate in this study. Of the 11 (N=11) preceptors, 7 (n=7) participated in this study, two (n=2) participated in the pilot test, 1 (n=1) preceptor declined to participate, and 1 (n=1) preceptor who had previously agreed to participate was placed on temporary sick leave and thus no longer participated in the study. Table 1 shares the characteristics of the preceptors (Table 1).

Table 1: Characteristics of the preceptors

Question	Category	n	%
What is your age?	31-40 years	6	86%
	41-50 years	1	14%
What is your gender?	Male	2	29%
	Female	5	71%
Where do you currently work?	Hospital A	6	86%
	Hospita B1	1	14%
Where is your current area of assignment?	Medical	1	14%
	Orthopaedics	1	14%
	Obstetrics & Gynae	1	14%
	Operating room	2	29%
	Intensive care	2	29%
What is your highest professional qualification?	Degree	3	43%
	Diploma	4	57%

The data collection procedure has many methods for collecting data and the researcher must consider all the advantages and disadvantages when selecting each method [10]. The researcher employed semi-structured interviews to collect data to explore the professional transition of newly qualified professional nurses and develop a preceptorship model after collecting rich and in-depth information. Although there was an interview guide, there was freedom within the interview for the researcher to explore and probe the responses from the participants. The data collection instrument was pilot tested for clarity, as well as, to determine if the questions were understandable and yielded relevant information. The interviews were conducted face-to-face and individually and, took 40 – 50 minutes. This allowed the researcher to control the line of questioning [12]. The interviews were conducted at the research sites. The in-depth interviews added to the credibility, from when the researcher delivered study information to the participants before the interviews, ensuring sufficient time was spent with each participant to understand the phenomenon under study. The researcher used field notes to observe the participant's emotions while sharing their experiences. The researcher also made preliminary jottings during the interviews. These methods added to the study's triangulation.

Data analysis

The researcher used a stepwise thematic analysis method on all anonymised descriptions using an NVivo software package and utilised Braun and Clarke's [13], six-step thematic analysis method. The steps were applied as follows:

Step 1: Familiarisation

Audio-recorded interviews were transcribed by a professional transcriber, who holds a Master's degree and are familiar with the qualitative approach. Transcripts were then read and re-read by the researcher to make sense of the data and familiarise the researcher with the information.

Step 2: Coding

After reading through the transcripts and field notes, the researcher commenced coding of data. Initial codes were grouped into categories according to their similarities. Next, experienced phenomenological researcher co-coded transcripts, followed by a consensus meeting.

Step 3: Generating themes

These categories were organised into themes. This involved combining codes into overarching themes that accurately depict the data.

Step 4: Reviewing themes

Data were extracted and classified all quotations that correspond to a theme, for example, phrases or paragraphs.

Step 5: Defining and naming themes

The researcher undertook a comprehensive analysis to examine the extent to which themes contribute to understanding the data. For each theme, all the included quotations were synthesised to bring out the main idea and provide a summary of the content provided by the participants.

Step 6: Writing up

Finally, the report was written, which led to a detailed description of the results. To ensure robustness, descriptive results were accompanied by quotations illustrating that description.

Ethical considerations

Ethics is the study of what is wrong or right and determining how to act when faced with an ethical situation. the researcher applied the following ethical principles [14]:

Respect for autonomy

To obtain informed consent the researcher provided prospective participants with letters informing them of the purpose of the study, the inclusion and exclusion criteria, and how they will be involved in the study. The researcher answered their questions to give clarity when needed. This information was in the form of a letter in a sealed envelope.

Beneficence

The researcher communicated that the major benefit of this study was to advance the understanding of preceptorship as perceived by newly qualified professional nurses, preceptors and operational managers in order to develop a preceptorship model for newly qualified professional nurses. There was no need to stop the interviews because the participants did not feel safe and uncomfortable.

Justice

The researcher was always professional and respectful to participants. The researcher purposively selected participants and adhered to the inclusion and exclusion criteria to prevent unnecessary influence from others. The researcher ensured participants' anonymity, using participant numbers when analysing data.

RESULTS AND DISCUSSION

Themes were constructed from the semi-structured interviews to investigate newly qualified professional nurses' professional transition experiences to develop a preceptorship model for newly qualified professional nurses. The researcher presented and discussed the answers to each research question and then interpreted the overview of these findings. After the researcher had familiarised himself with the data. Codes were generated and a total of 339 codes were found. From this data the researcher categorised the codes into similarities and important to the researcher, while discovering themes. Initially,

the researcher found seven possible themes: The professional role, Perception of readiness, Curbs towards professional nursing, What newly qualified professional nurses need, Feelings when entering professional practice, The clinical environment, The clinical skills of newly qualified professional nurses. The researcher created an initial thematic map. The initial thematic map was adjusted where needed after consensus was reached through robust discussion with the co-coder. The theme, the clinical ability to professional practice were discovered in connection with the preceptors' perceptions of the transition of newly qualified professional nurses towards professional nursing (Figure 1).

Disorienting dilemma

The preceptors perceived the newly qualified professional nurses as lacking knowledge and skills, which had an impact on their confidence and being unsure as they enter their new environment, as expressed:

"The newly qualified professional nurse that never worked in a unit before will always be in the background, she may be shy, something, shy, maybe to do something..." a male preceptor, 39 years old stated, this might be the result of the newly qualified professional nurses having to shift their priorities and expectations. While, *"...lack of confidence..."* stated by a male preceptor, 36 years old, as well as *another* male preceptor, 39 years old.

One participant perceived newly qualified professional nurses transition to professional practice as:

"...they are very unsure" a female preceptor, 40 years old, stated. As they have to navigate a new territory now.

When entering as a newly qualified professional nurse, the experience was a reality shock, the preceptors perceived the



Figure 1 The clinical ability to professional practice.

newly qualified professional nurses' experiences as difficult, stressful and challenging, as expressed:

"It's actually tough for them" a female preceptor, 39 years old, stated.

"...and they are not prepared to, to, handle all of all of that stress" as stated by another female preceptor, 35 years old.

"...because you are so young, straight from school. Many of the staff members are older than you. Sometimes they don't listen to you" another female preceptor, 40 years old, stated.

The perceptions of the participants of the disorienting dilemma are how the clinical environment and the experienced obstacles contributed to the transition experiences of newly qualified professional nurses towards professional nursing, as expressed:

"...there's not always staff to learn you" a male preceptor, 39 years old.

"...a specialised hospital like Hospital B. This is not an acute service, but it is rehabilitation and this might be an obstacle to their transition" as stated by a female preceptor, 42 years old.

"It's because a percentage of the persons doesn't understand either your language patterns and understand what is expected of them" stated by a male preceptor, 36 years old.

Clinical skills

According to the participants the newly qualified professional nurses are not clinically prepared enough. This impacted their clinical ability to connect theory and practice. The participants perceived that newly qualified professional nurses need clinical learning and teaching. Although they can perform the basic clinical skills that professional nursing requires, as expressed:

"I don't want to be here, I never liked it and all that stuff. So, you will see that when they are not ready. They are not prepared to be here" as stated by a female preceptor, 33 years old.

However, one participant had a different perception of clinical preparedness, as expressed:

"...most of the new qualified nurses that have been appointed to me, they were well, clinically prepared" stated by a male preceptor, 36 years old.

However, another participant expressed:

"I think they lack practical skills, which is the biggest component of our profession" and that the newly qualified professional nurses *"They don't feel that they get enough exposure, clinically"* a female preceptor, 35 years old, stated.

How are they learning

Participants in this study perceived that newly qualified professional nurses need support and guidance during transition towards professional nursing, as expressed:

"...you know, you come here and you know nothing. And that one has to be put with someone. Someone competent, somebody that knows the newest skills available, the newest methods. And then that one, the newly qualified professional nurse should work preferably with that one" a male preceptor, 39 years old.

Another said:

"...mentorship program that we have and also with a clinical nurse trainer she is very active in their development and in their transition" a female preceptor, 42 years old, stated.

"They need someone that has been longer in the trade, like a shift leader, to be with them on the shift" another female preceptor, 40 years old, stated.

One participant also described that the newly qualified professional nurses need guidance during transition but there is no one to do so, as expressed:

"...But then they don't get someone because that someone is the one that does not get a chance to say, come follow me" a female preceptor, 33 years old, stated.

The participants of this study described what they perceived a professional nurses' role is and what the newly qualified professional nurses need guidance with, as expressed:

"In your fourth year you get introduced to responsibility and accountability and being in-charge, Professional Nurse you are in-charge. So, if you enter you must be confident..." a female preceptor, 42 years old, stated.

"I think that the difficulty is they are not prepared for the intensity of the role" a male preceptor, 39 years old.

While, the role of the professional nurses was described, as:

"...Mentor, leading, you need to be the one that is delegating" a female preceptor, 33 years old, stated.

"...shift leader, they must hand over, you are a supervisor, do monthly audits." a male preceptor, 39 years old.

DISCUSSION

Strength and weakness

This reports the views of 7 preceptors from two hospitals within the Western Cape, South Africa, who were part of a larger doctoral study of 25 participants. This study has the limitation by not including the patients' perspective of how they perceive their nursing during the transition period of newly qualified professional nurses. This study's main aim was to explore professional transition experiences of newly qualified professional nurse from the key informants, the newly qualified professional nurse, the preceptor and the operational manager. Thus, to develop a preceptorship model for newly qualified professional nurses.

Implications for education, practice and policy

The role of the newly qualified professional nurse is to first understand what his or her role in the unit they are assigned to. One has to take accountability and responsibility for this role, as accounting for oneself must be incorporated in the newly qualified professional nurse [15]. The preceptors perceived the newly qualified professional nurses as lacking experience, knowledge, confidence and being unsure of themselves. To identify challenges which limit the acquisition of knowledge of newly qualified professional nurses, [16] found that socialisation, an improved work environment, support and improved orientation will increase the knowledge of nurses. Furthermore, role clarity allows the influence of social support of work satisfaction to be stronger [17].

The newly qualified professional nurses are in need of supervision, teaching and lacking clinical skills, when the newly qualified professional nurses started working in their units. Good clinical supervision increases newly qualified professional nurses' intention to remain in the settings as found by [18] when examined newly qualified professional nurses' perceptions of clinical supervision. The preceptors in this study perceived that the newly qualified professional nurses need more clinical exposure and that their undergraduate exposure is not enough. These findings are support by [16] who highlights that increased time of clinical exposure for newly qualified professional nurses are important to reflect on clinical activities.

The preceptors find newly qualified professional nurses as being prepared for their clinical role but struggle with the practical component. The preceptors elaborate and perceive the newly qualified professional nurses lack of clinical preparedness and clinical ability as a problem and shared ideas to address issues such mentoring, precepting, in-service training, leading a shift and communication skills. Especially, in nursing being a leader is inherent for the professional nurse and more need to be done help nurses become aware of this [19]. Clinical learning and teaching models are useful means to improve newly qualified professional nurses' readiness and competency in clinical, technical and leadership skills, as found by [20].

All the preceptors agreed that a clinical teaching and learning model motivate newly qualified professional nurses during their transition period. To determine the effectiveness of a clinical nurse transition programme [20] found that not did this programme improve the skills of nurses but also communication and teamwork and importantly, clinical competence and confidence.

CONCLUSION

This study found a need for professional support and guidance of newly qualified professional nurses in order to help them prepare for their role in enhancing their clinical independence. This study offers a platform to give valuable input towards promoting the preceptorship of newly qualified professional nurses. Preceptors realise the importance of efficacy in their role

as a preceptor and the ongoing guidance and support to enhance nursing practice. The preceptorship model developed, may assist healthcare managers, healthcare workers, and other stakeholders striving to deliver a highly efficient and quality service to their clients. It is recommended that preceptorship is implemented and supported by nursing management. Developing a preceptorship model for newly qualified professional nurses contributes to the body of knowledge in nursing practice and nursing education.

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