

Preceptorship Rotation Programme
Evaluation Report

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Note

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Executive Summary

- This report is an evaluation of a rotation programme for newly qualified nurses at an NHS Primary Care Trust. The nurses spent six months in the community and six months on the ward in an acute setting.
- Four nurses took part in the focus groups and two of these nurses also completed a questionnaire. The small number involved in the study means that results should be read with care. However, the results show consistency with the literature and unanimous agreement between the four nurses.
- All four nurses were committed to becoming community nurses and chose the rotation programme for this reason. The development of a purely primary care rotation would be strongly supported.
- The community experience was viewed very positively, with team support and opportunities for training and developing clinical skills considered to be excellent.
- The ward experience was viewed less favourably, with lack of support from staff and few opportunities for training and developing clinical skills.
- The wards used in the rotation were viewed less highly in terms of relevance and transference of skills between the hospital and community. A better ward placement may have created a more integrated programme.
- Problems with pay and maternity leave were evident, due to working across two Trusts during the rotation. This affected continuity with employers, and the implications of this were not made clear to recruits when joining the rotation.
- The need for improvement was based around more support on the ward; more opportunities for training and the development of clinical skills; more time given for study; more relevant work-based study tasks.

Background

The preceptorship rotation programme was set up to establish stronger links between an Acute Trust and a Primary Care Trust, to give newly qualified nurses the opportunity to gain a diversity of skills in both settings so that they may encompass the concept of primary and secondary care.

The programme allows newly qualified staff to:

- Examine the implementation of the National Service Frameworks within both settings;
- Identify evidence-based practice within both settings;
- Become critical thinkers in order to identify areas for improvement with the aim of establishing a streamlined service;
- Attend the preceptorship programme while on rotation;
- Reflect on both experiences with their peers and create a culture of life-long learning.

In the light of new knowledge, the rotation offers the newly qualified nurse the opportunity to share skills acquired with other healthcare members and to examine and identify the roles of the multi-disciplinary team (professionals allied to medicine) within both settings.

The rotation programme was also set up as an aid for recruitment and retention.

Literature Review

A literature review was conducted to ascertain some of the key issues surrounding support and preceptorship for newly qualified nurses. This was then used to help form the research questions. Six key themes emerged from the literature review and these are summarised below. A summary of all the articles reviewed can be found in Appendix 1.

Transition from student to staff nurse

It is clear from the literature that the transition from student to staff nurse is one that can be very difficult and stressful for the new nurse. One of the earliest studies named this transition as 'reality shock' (Kramer 1974). It is clear that reality shock is still relevant in practice today, with numerous studies illustrating the stress and difficulties in becoming a qualified nurse. Charney (1999) outlines four key areas that encompass this stress:

- The reality of practice including catching up with clinical skills pressures of time, staff shortages etc;
- Learning the system of the ward;
- Developing clinical judgement;
- Developing professional relationships.

Other research shows that time management and ward management are also areas that many nurses feel unprepared for on qualification (Bick 2000).

With the education reforms that resulted in Project 2000, there has been a continuing debate within nursing regarding the balance between practical skills and theory (Gough 1993). Research also shows that many nurses feel lacking in clinical and practical skills on qualification (Bick 2000; Charney 1999; Evans 2001; Jasper 1996). However, one comparative study, looking at the transition of nurses in 1985 compared with 1998, found that while the 1998 group had more variable clinical skills, they were more assertive in acknowledging their limitations (Gerrish 2000).

This transition from student to qualified nurse is often made more difficult by other staff attitudes (Evans 2001) and perceptions of ability (or lack of ability) from other staff (Kelly 1996).

Support for newly qualified nurses

There is evidence that illustrates the importance of support in helping nurses through this transitional period (Maben 1996). Preceptorship is one such strategy that is recognised as having the potential to provide the necessary support (Farrell 2001; Whitehead 2001). Another example is supernumerary status, although research has shown that nurses prefer pre-assigned work (Wilson-Barnett 1995).

Some institutions are developing their own programmes (Bennett 2001) in recognition of the need for effective support and development of their newly qualified nurses.

Definition of preceptorship

While there is no clear definition provided within the literature, it is clear that preceptorship is seen to involve some form of orientation and support during the first few months of practice as a staff nurse. (Bains 1996). There is also no prescribed framework for preceptorship offered by the UKCC (Hardyman 2001). This may help explain why the experiences of preceptorship programmes are varied across Trusts (Bain 1996) and also within the same Trust (Bick 2000).

In terms of the needs of the preceptee, again little research has been conducted (Evans 2001; Hardyman 2001). Likewise, the role of the preceptor is not well defined, and support and education is needed to ensure preceptorship can be supported (Bain 1996).

Difficulties of preceptorship and support

There is much research evidence that illustrates why support for newly qualified nurses may not always live up to its expectations. Problems such as staff shortages, lack of time, work pressures and working different shifts, all prevent regular support and development taking place (Bick 2000; Maben 1996).

Meetings can be difficult to formalise, with clinical priorities often taking precedence (Farrell 2001). In one study, only two fifths of staff actually received a comprehensive support programme. Furthermore, many staff only gave 'lip service' to the preceptorship programme (Maben 1996).

In order for preceptorship to work well, the importance of support should be acknowledged, and appropriate time and resources should be allocated (Bain 1996). For example, one Trust, finding that the preceptorship programme was not living up to expectations, offered ward staff extra support from a practice development nurse (Parry 1999).

Training for preceptors

In order for support programmes to work well, it is necessary to ensure that the staff providing the support are well versed and supported themselves. Evidence shows that there can be some lack of understanding of the situation faced by newly qualified nurses (Bick 2000). Indeed, the attitude of staff can have an important bearing on the integration of the new staff nurse (Maben 1996). Wilson-Barnett (2000) discusses the importance of team spirit and team working in providing a supportive environment for learning.

Community issues

Much of the research into preceptorship and support has concentrated on the acute sector. Yet, with the changing structure of the NHS, the community is now becoming the key focus of continuing care. One study looking at paediatric community nursing found that newly qualified nurses showed some lack of interest in working in the community on qualification; reasons included lack of preparation and wishing to consolidate their experience elsewhere first (Hickey 2000).

Gough (1993), reflecting on Project 2000, argues that new graduates may not have the maturity and confidence to initiate care and delegate work within the community. While the Project 2000 curriculum shows on paper how they should be prepared, this is not always the case, although it is acknowledged that they are more prepared than their traditionally educated colleagues are. This has been acknowledged by the UKCC who stipulated that a Project 2000 nurse entering the community should do so under the leadership of an appropriately prepared community health care nurse (UKCC 1991).

In terms of education preparation, there appears to be some lack of communication between the colleges of nursing and community nursing services (Hallett 1995), leaving some nurses feeling inadequately prepared to work with students. However, evidence from this study found that the student nurses highly valued their experience within the community, with community nurses willing to accept responsibility for the on-going assessment of students, illustrating a strong understanding of the philosophies underlying Project 2000 training.

Summary of literature

There is clear research evidence to show that the newly qualified nurse experiences a great deal of stress and difficulty in the transition from student to staff nurse. A good comprehensive support programme can help with this, however at present it appears that, without the full support of all staff, and without the allocation of time and resources, the

opportunities afforded by such programmes may be jeopardised. The variability, often within the same Trust, of the support offered illustrates the need for more formalised programmes, with support being offered to both the preceptor and preceptee to ensure their success.

Study Design and Results

Study Design

The aim of this study was to gain the perceptions of the newly qualified nurses who participated in the preceptorship rotation programme. There were only four nurses in the programme and, due to the small number, focus groups were deemed most appropriate and enabled more detailed feedback.

A focus group is a qualitative research method, using guided group discussions to generate an understanding of the participants' experiences and beliefs. One advantage of this approach is the use of the group members to generate the questions and ideas rather than the researcher or just one participant (Holloway and Wheeler 1996). They assert that the strength of focus groups is the production of data through social interaction, whereby participants build on the answers of others in the group. It was determined that three focus groups should be arranged; one mid-way through the first six month rotation, one mid-way through the second rotation, and a final one at the end of the rotation programme.

The first focus group was conducted as planned with four nurses in attendance. The second group was arranged but, due to unforeseen circumstances (sickness, maternity leave), only one nurse was able to attend. It was decided to reassess the situation and, as a result, the remaining focus groups were cancelled and a questionnaire was designed to capture the views of the nurses in the final stages of the rotation. For this questionnaire, a combination of open and closed questions was used. The researcher devised the questionnaire after extensive study of existing questionnaires, literature and policies in the area of preceptorship and in consultation with the programme managers.

Approval for the study was obtained from the Primary Care Trust leading the programme. Participants were recruited on a voluntary basis, and were assured of confidentiality and anonymity. They were informed that they could withdraw from the study at any time, and all data obtained from the study was kept in a secure environment with only the researchers having access to it.

The study did have limitations. The low number of participants was a major factor, however in qualitative research it is the informants' experience of the phenomenon that is important rather than the number of individuals. The four participants were the first to be involved in such a programme and were the most insightful individuals for this study.

Although the ideas in the study may be applicable or relevant to other newly qualified staff or organisers of preceptorship programmes, the study gives an account of the sample's views only and is, therefore, not generalisable.

Results: Focus Group

This focus group took place near the end of the first six-month rotation programme. Four nurses attended; two had just completed six months in the community and two had completed six months on the ward. A prompt sheet was used to direct the focus group discussion (see Appendix 2).

Six key areas were discussed and these are summarised below.

Choice of programme

Discussion took place regarding the reasons for choosing this particular rotation programme. All of the nurses had chosen this programme purely for the community aspect as all clearly aimed to work in the community on completion of the programme.

By doing this rotation, the nurses believed they would get enough experience of working in the community to put them ahead of the competition when it came to applying for jobs.

The six months to be spent on the ward was perceived as something to be 'got over' and a necessary evil if they were to be given the opportunity to work within the community. This is illustrated by the following quotes:

My attitude was get the worst over and done with first of all, because I didn't want to go into the hospital, but I thought right, if I get this, if I can stick this for six months, get it over and done with, I'll never have to go back there...I know that the community work is for me, it's where I want to be...

I really wished that we'd all started off in the hospital and gone on to the community, because it's like giving you a present, here's your ideal job, but we're taking it away in six months.

(Note: Within a few weeks of completing this focus group, one of the nurses, who was due to begin her six month ward rotation, left the programme and secured a job in the community).

Experience in the first six months

There appeared to be a definite division between the experiences of those who had completed the first six months on the ward and those who had been within the community. Much of the discussion centred on the training opportunities, the use of clinical skills, and the support provided.

Training and clinical skills

The nurses who had completed their first six months within the community were very positive about the training opportunities provided and the consolidation of their clinical skills.

Oh I don't know where to start, I've been on so many courses, I feel now completely prepared for working within the community. I think I have achieved every opportunity that I possibly could have done in six months...

You're looked after, you're nurtured, you're treated well and sent on courses to improve your skills to improve the care of the patients.

These nurses had a real fear of becoming 'de-skilled' when transferring back to the ward for the next six months. There was apprehension about not having the opportunity on the ward to practice skills such as ear syringing and taking blood.

In the community, nurses faced the challenges of working on their own with the responsibilities that accompany that. However, the supportive environment they were in enabled them to cope without any real difficulty.

For those on the ward, the picture was a little different. There appeared to be a lack of opportunity for further development, no study time, and few opportunities to be let off the ward. There was a clear feeling that there was no concern about professional development, little support and

a sense of 'trying to muddle through'.

Nurses discussed a loss of confidence in their skills due to the attitude on the ward. There appeared to be no room for discussion of the new ideas that had been learnt at university and it was perceived that staff did not respect the knowledge of the newly qualified nurses and were quick to criticise them.

I never want to go back onto a ward again.

What I do on the ward is fine but I know there is a hell of a lot I can do to improve and I further note a lack of support and encouragement for me to progress and that's why I'm feeling stagnant at the moment in my clinical skills; I'm desperate to move on, eager to move on.

Those in the community expressed concerns that they had just begun a course and were worried that when moving to the ward they may find it difficult to continue with it.

Peer support

Peer support could be a problem in the community as the nurses were working on their own. On the ward, one nurse stated that she was the only newly qualified nurse on the ward so had no peer support available.

All the nurses found that meeting up on courses provided a good opportunity to give and receive support from each other, more so than the Action Learning Groups.

Time for study

Time for study was a problem for all the nurses. They were faced with juggling full time work and studying, and developing their evidence-based practice. When working full time, with no study time, nurses found it difficult to complete the writing up of tasks. The action plans they were expected to do also caused some discussion, as they were found to be difficult to complete in the primary care setting. Participants expressed the need to be more flexible and to be given more time to complete them. On the ward, there was no one available to sit down and go through this.

They're expecting us to continue with our professional development but they're not providing the setting or the environment for us to continue.

I've had to persevere to keep up to date but at times it's been impossible, because you know you do a shift, you do a late, early and you do six days on the trot, I did eight days on the trot, I didn't pick up a journal, I didn't do anything, I just did my shifts and then slept, and it's something I'm concerned with going into the community and having to make sure that you know my evidence-based practice is top, really it's because in the hospital you don't get time.

In terms of meeting with their preceptor, it was found that, for one nurse in particular, this was difficult:

Don't see the point of having one really, we've only met a couple of times.

Promotion of health and well being

In terms of making a holistic patient assessment, it was found to be difficult on the wards with staff skimming the surface and really only having the time and opportunity to identify the needs that actually arose or were visible. This was made more difficult by the lack of communication about possible referral routes such as dental care.

This is in contrast to the community view where promoting the health and well being of the patients was something the nurses were able to do every day, and saw it as the whole basis of the community job. Nurses talked about being able to do the job they were trained to do.

Perceived differences between secondary and primary care

The participants felt that hospital nurses do not know what community nurses do. This could create problems particularly with discharging patients. Discussion around dressings illustrated the autonomy that was present for the community nurses compared with those on the ward. Community nurses need to be up to date with what dressings are needed and are responsible for ordering the appropriate ones. Ward nurses just had to see what was in the store cupboard to use.

Choice of ward for the rotation programme

During the ward-based part of the rotation, the nurses felt that they had no choice regarding which ward they had to work on; that they were merely making up numbers on the wards that were short staffed. In

addition, the orthopaedic ward was not viewed as ideal for this rotation.

You just feel you are being shoved where there's space, where the place is most desperate, off you go.

I mean to me, no offence to the rotation or anything, but I don't believe the orthopaedic we have is going to improve my clinical practice...

I mean a medical or a surgical ward in like diabetes or respiratory or bowel surgery, but orthopaedic we have, I mean rehabilitation ok that might be, but there's only so much you can do.

Improvements to the programme

Discussion centred on making the rotation more primary care based; for example, spending six months with practice nurses and six months in the community.

It was perceived that there was a big divide between the acute and the community sector, and the nurses queried why they needed to do the acute rotation. Extending the programme to 18 months or two years was suggested to provide the opportunity to work in different areas of the community.

There was recognition that, as the nurses on this programme did not see their career within the acute sector, perhaps the ward-based part of the rotation was not undertaken as enthusiastically as it could have been. However, it was evident that the problems faced on the ward in terms of lack of support and opportunity for training did not help.

Results: Questionnaire

A questionnaire was designed to capture the views of the final six-month rotation and also overall views of the programme. A copy of the questionnaire can be seen in Appendix 3.

All four nurses who attended the focus group were sent questionnaires. Follow up phone calls and reminders were made to the nurses, including re-sending the questionnaire. Two nurses returned their questionnaire; one had spent the last six months on the ward, and the other in the community. The results are shown below.

Support and development

The initial questions asking about the support and opportunities of the last six months very closely reflected the findings from the focus group, with the community experience being more highly valued than the ward experience. The nurse from the community felt that she had been supported by a large team and had been given the opportunity to attend study days and practice skills. In comparison, the nurse who had been on the ward was left on her own with less support. She did attend a couple of mandatory training sessions, but she was unable to complete a course previously begun unless it was done in her own time, and she was still not given the day off necessary to attend. In terms of clinical skills, it was felt that these were not developed on the ward.

Positive aspects

The nurses were asked to state the positive aspects of their last six months. The nurse in the community found the team support and the opportunities for learning new skills the most positive aspects. For the ward-based nurse, there were opportunities to develop her team management skills.

Improvements

The nurses were asked what would have improved the last six months for them. The ward-based nurse believed that more consideration should have been given to the fact that she had not worked on a ward for the last 12 months, and more opportunities for developing skills should have been provided. For the community-based nurse, professional development reviews would have been useful.

Overview of the whole programme

Both nurses stated that the opportunity to develop their clinical skills, and to work in both the hospital and community setting, provided a very positive experience. One acknowledged that it had confirmed her intention to work in the community.

In the community, the main challenges included working independently with patients, and trying to change and adapt the patients' attitudes. In the hospital, the staff were seen to be the main challenge. There also appeared to be some problems with the Primary Care Trust regarding wages and maternity pay.

The programme provided a contrast between different approaches to

nursing, with different problems being faced in each sector, according to the participants. One nurse stated that the community provided more encouragement and opportunities for development than the hospital.

One nurse stated that many of the skills learnt within the hospital could not be carried out on the ward, such as venepuncture and male catheterisation. However, in terms of hospital discharge, it promoted a better understanding of what is involved for a district nurse post hospital.

A more appropriate ward placement was stated as a requirement by both nurses. For example, one nurse placed on a respiratory ward felt that a vascular or urology ward would have provided a better placement and created a more relevant link with the community. It was also felt that the preceptee framework could have been made more relevant to the community setting, as objectives were hard to achieve in some areas.

In terms of immediate career plans, one nurse stated her plans to work in the community, the other mentioned that, although her longer term plans were in the community, due to present circumstances, her immediate work would be on the ward.

The nurses were asked to rate three aspects of their rotation for both the ward and the community:

- Opportunities for continued training and development;
- Support given by other nursing staff;
- Opportunities to develop clinical skills.

The ratings ranged from 1 (very poor) to 5 (excellent).

For the community, both nurses rated a 5 for each of the three areas. For the ward, in terms of opportunities for training, scores were 1 and 2. For support given by other nursing staff, scores were 2 and 3. Finally, opportunities for developing clinical skills were given as 1 and 3.

Additional comments

There appeared to be some confusion with regard to pay and maternity benefit, due to the nurses working for two different Trusts during the year programme. This resulted in non-entitlement to maternity pay. The participants believed that this should have been made clear to them at the beginning of the programme.

Summary

The findings of this study generated some useful insights into a programme that enables newly qualified nurses to gain experience in both primary and secondary care settings and prepares them for employment in both areas. Although the numbers were very small, the views and key points raised about the programme, and the improvements suggested, were unanimously agreed on by all the nurses. They were also in agreement with much of the literature in this area.

It was evident that all the nurses chose this rotation purely for the community aspect and saw their long-term career plans within the community setting. This may have affected their attitude towards the ward experience, which was essentially seen as something to be 'got over with'.

The literature review shows that a comprehensive support programme can offer great help and encouragement to newly qualified nurses. However, the problems outlined in the literature (page 7) were all directly relevant to the experiences of the nurses in this programme, for example, staff shortages, lack of time, shift work and work pressures preventing regular support and development taking place (Bick 2000; Maben 1996).

For preceptorship to work well, it is important to provide the right level of support and to ensure time and resources are allocated (Bain 1996). This did not appear to be in place within the ward environment in this study. The nurses were aware of a distinct lack of training opportunities, with attendance at courses being very difficult. They also considered that they were becoming 'de-skilled' with the lack of opportunities to practice their clinical skills. Staff attitudes were also seen as a problem with a clear lack of support available. In addition, staff shortages on the ward, coupled with the lack of time and resources available, did not help with this transition.

However the support gained within the community setting was clearly highly regarded by all of the nurses. They were given the opportunities for training, clinical skills development and the practice of holistic care.

This finding does refute the literature, which implies that newly qualified nurses may struggle with the pressures of community work (Gough 1993). While the independence of the role was seen as a challenge by the nurses, the support available enabled them to develop confidence in this area.

The nurses questioned the choice of ward that had been allocated for their placement. A more appropriate ward may have made for a more integrated rotation programme and given them the chance to use their clinical skills to a higher degree.

Time for completing study tasks was another problem encountered during both the community and ward rotation. This was made particularly difficult when the nurses had to work shifts. The study tasks were also not seen as directly relevant to both settings, which created some difficulty in completion.

Finally, it would seem that the nurses were not clear about their pay and conditions, an issue that became relevant when maternity leave was necessary.

Overall, it would appear that the rotation programme was a success, certainly in terms of the community placement, which was very highly regarded and viewed as a valuable experience. The ward placement did let the programme down with the lack of opportunities and support available and this is an issue that could be reviewed for future programmes.

Recommendations

- The nurses clearly wanted to base their careers within the community. There would therefore appear to be a strong demand for a purely primary care-based rotation programme.
- Improving the choice of ward available for the hospital placement may help integrate the two parts of the programme. The ward needs to be more relevant and interesting to the nurses.
- More opportunities for training need to be available during the ward placement, along with greater consideration of the interests currently being developed by the nurses.
- There should be a review of the support available to the nurses during the ward placement.
- A review of the study tasks should be undertaken to ensure that they are made relevant to the work settings, rather than being generalised for both the ward and community.
- A more thorough explanation should be given to nurses undertaking such a rotation regarding pay and benefits when working across two different Trusts, and the implications this may have. This is particularly relevant to maternity pay where continuity of employment is a key factor.

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Appendix 1

Literature Tables

Article	Key findings
Bain L. (1996) Preceptorship: a review of the literature. <i>Journal of Advanced Nursing</i> ; 24 : 104-107.	<ul style="list-style-type: none"> • Concept of preceptorship: To provide orientation and support. Teaching and sharing of clinical practice. Lack of clarity regarding preceptorship. • Selection of preceptors: Need educational preparation. • Preceptor programmes: Possible influence on recruitment and retention. Need further research to show effectiveness. Evidence contradictory and inconsistent. • Preceptorship experiences: Individualised experiences. Need to recognise needs and define roles and responsibilities. Need ongoing evaluation and peer review. • Limitations of preceptorship: Increasing demands on practitioners detract from credibility of preceptorship. Need acknowledgement and recognition and hence provision of time and resources. Need collaborative interest in its success. 'Without adequate knowledge and preparation preceptorship programmes are in danger of becoming condensed orientation programmes or crash courses in survival within nursing.'
Bennett C. (2001) Inspiring confidence in new nurses. <i>Nursing Times</i> ; 20 (2): 35.	<ul style="list-style-type: none"> • Initiation and evaluation of a one year development programme for newly qualified staff. (Supervised postdiploma development year – SPDDY.) • Using work based learning. • Supportive study days attended one day per month. • Carries academic credits.
Bick C. (2000) Please help! I'm newly qualified. <i>Nursing Standard</i> ; 14 (16): 44-47.	<ul style="list-style-type: none"> • Effectiveness of preceptorship varied throughout the Trust. • Skill deficits: Drug administration. Insertion and care of nasogastric tubes. Female catheterisation. Assisting at cardiac arrest. Care of the dying patient. Time management. Prioritising workload. • Problems: Staff shortages. Busy wards/lack of time. Work pressure for preceptor and preceptee. Lack of understanding of newly qualified situation. • Trust had developed a framework for preceptorship and introduced a rotation programme. • Increased awareness of the need for effective support.
Castledine G. (1996) Is preceptorship the answer to reality shock? <i>British Journal of Nursing</i> ; 5 (10): 641.	<ul style="list-style-type: none"> • Nurses expected to be better prepared and more flexible and dynamic than ever. • Getting balance between academic and practical preparation in training will take time. • Preceptorship will help with transition but may always be conflict between the goals of education and service.
Charney E. (1999) Occupational stress in the newly qualified staff nurse. <i>Nursing Standard</i> ; 13 (29): 32-36.	<p>Four main themes -</p> <ul style="list-style-type: none"> • The reality of practice: Catching up with clinical skills/volume of work/staff shortages/pressures of time. • Learning the system: Structure/geography/personal.

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	<ul style="list-style-type: none"> Developing clinical judgement: Lacking confidence to make decisions/lack of clinical/practice experiences. Developing professional relationships: Unclear role definition/poor communication/lack of support.
Evans K. (2001) Expectations of newly qualified nurses. <i>Nursing Standard</i> ; 15 (41): 33-38.	<p>Becoming a staff nurse defined in terms of separation, transition and integration.</p> <ul style="list-style-type: none"> Separation from student: Being ready to move on and put ideas into practice. Transition to staff nurse status: Limited practical skills. Need for assertiveness. Integration: Expectations from other staff. Need support from other staff. Use of role models. Recommendations: Appropriate support, induction and preceptorship, academic development. Personal development plans and appraisals. Problems evident in poor staff management. Need more research into the supportive process.
Farrell M, Chakrabarti A. (2001) Evaluating preceptorship arrangements in a paediatric setting. <i>Journal of Child Health Care</i> ; 5 (3): 93-100.	<ul style="list-style-type: none"> Preceptorship offers valuable support. Both preceptors and preceptees need support. Preceptees require more detail regarding expectations from preceptorship programme and how it will be monitored. Meetings difficult to formalise, problems with time limits and overriding clinical priorities. Support after preceptorship period needs to be discussed, e.g. clinical supervision. Learning contracts and competency frameworks useful resources. Advocate a 'charter for preceptorship' to promote value of preceptorship and to invest in its structure and processes.
Gerrish K. (2000) Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. <i>Journal of Advanced Nursing</i> ; 32 (2): 473-480.	<ul style="list-style-type: none"> Asking if the educational reforms had equipped newly qualified nurses more appropriately. Comparison between cohort qualified in 1985 and 1998: Both found work stressful and worried about increased responsibility. Both found managerial responsibility problematic. The 1998 cohort found practical experience more variable. The 1998 cohort more assertive in acknowledging limitations. Transition not as difficult now as in 1985 due to more learning and support, although this is variable. Preceptorship and supernumerary status helps ease stress of transition.
Gough P, Maslin-Prothero S, Masterson A. (1993). A reflection on issues for practice, in Dolan B (ed) <i>Project 2000 Reflection and Celebration</i> . Scutari Press: London.	<ul style="list-style-type: none"> Conflict between new education improving knowledge base and intellectualising of a practice based profession. Project 2000 curriculum described as racist, not directed to mature student or students whose first language is not English. Teacher development in response to the new education is needed, but no clear evidence. Placements have variable availability and quality. Community practice: New graduates may not have maturity and confidence to initiate care and delegate work. Curriculum should prepare students more so than the traditional teaching. UKCC acknowledges leadership required from appropriately prepared community health care nurse.
Hallett C, Williams A, Orr J, Butterworth T, Collister B. (1995) The implementation of Project 2000 in the community: a new perspective on the community nurse's role. <i>Journal of Advanced Nursing</i> ; 21 : 1159-1166.	<p>Main dilemmas facing DNs, health visitors and community tutors are:</p> <ul style="list-style-type: none"> Time: Significant time needed to be given to students and modification of work priorities occur. Lack of communication: Evident between community nursing services and colleges of nursing. Inadequate preparation. Few community nurses had been adequately prepared to work with students. Colleges found it difficult to offer training and difficulties faced with releasing large

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	<p>numbers of community staff for training.</p> <ul style="list-style-type: none"> Initiatives of Community Nurses: <ul style="list-style-type: none"> CNs have understanding of the philosophies of Project 2000. Able to set own objectives for students. Many draw up own teaching programmes. Willingness to accept responsibility for on-going assessments of students.
<p>Hardyman R, Hickey G. (2001) What do newly qualified nurses expect from preceptorship? Exploring the perspective of the preceptee. <i>Nurse Education Today</i>; 21: 58-64.</p>	<ul style="list-style-type: none"> No prescribed framework for preceptorship offered by the UKCC. Little research on preceptee needs and expectations. Role of preceptor: <ul style="list-style-type: none"> Role model. Help to apply theory to practice. Provision of teaching and supervision. Advice on professional issues. Discuss career plans. Anxieties: <ul style="list-style-type: none"> Added responsibility. Improve clinical skills. Need for support.
<p>Hickey G. (2000) Newly qualified and into the community? <i>Paediatric Nursing</i>; 12(9): 30-33.</p>	<ul style="list-style-type: none"> Attitudes to working in the community characterised by: <ul style="list-style-type: none"> Lack of interest. Feeling inadequately prepared. Wanting to consolidate experience elsewhere. Reasons for not getting first job in the community: <ul style="list-style-type: none"> Not wanting to (feeling unprepared). Unable to get a job in the setting. Ideally wanting a job in the setting but deciding to work elsewhere to gain experience.
<p>Jasper M. (1996) The first year as a staff nurse: the experiences of a first cohort of Project 2000 nurses in a demonstration district. <i>Journal of Advanced Nursing</i>; 24: 779-790.</p>	<ul style="list-style-type: none"> More attention needed to personal and professional development at the end of nurses' education and the first year of qualification. Five themes resulted from the research: <ol style="list-style-type: none"> Coming out of School: Nurse felt in at the deep end, albeit with a sound theoretical base. Living in the real world: Difference between perceptions of the role and the reality of the workplace. Theory/practice gap. Effect of the label: Effect of being the first cohort of Project 2000. Learning to cope: Development of coping strategies. Development of confidence and competence. Ability to manipulate and challenge practice. Us and Them: Resentment and confusion – nurses felt in the middle of differing values and beliefs from those trained in other ways. Main areas of difference were more emphasis on holistic care, sound theoretical background, qualification (diploma).
<p>Kelly B. (1996) Hospital nursing: 'It's a battle!' A follow-up study of English graduate nurses. <i>Journal of Advanced Nursing</i>; 24: 1063-1069.</p>	<p>Stress relating to the role include:</p> <ul style="list-style-type: none"> Lack of practical skills and perceived lack by other staff. Managing the ward. Maintaining standards difficult and exacerbated by staff shortages. Pressure to conform to norms and values of the team and charge nurse. Pressure to conform to ward routines.
<p>Kramer M (1974) <i>Reality Shock (Why Nurses Leave Nursing)</i>. CV Mosby Co, Saint Louis.</p>	<ul style="list-style-type: none"> Classic study identifying the Reality Shock felt by newly qualified nurses, illustrating how training may not prepare nurses for their role in the workplace.
<p>Maben J, Macleod Clark J. (1996) Preceptorship and support for staff: the good and the bad. <i>Nursing Times</i>; 92(51): 35-38.</p>	<ul style="list-style-type: none"> Of those surveyed two fifths received a comprehensive support programme. Difficulties putting preceptorship into practice: <ul style="list-style-type: none"> Shift work – staff on different shifts. Staff shortages. Lip service paid to preceptorship. Night shifts particularly difficult. Those who experienced a supportive environment found transition from student to staff nurse easier. Need approachable, up to date staff who are willing to help newly qualified.

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<p>Parry R. (1999) Supporting newly qualified nurses. <i>Nursing Times Learning Curve</i>; 3(6): 7.</p>	<ul style="list-style-type: none"> • Preceptorship not living up to expectations in the Trust, led to development of D grade staff rotation programme. • Ward based preceptors given extra support from practice development nurse. • Monthly meetings provide a forum to discuss difficulties.
<p>Whitehead J. (2001) Newly qualified staff nurses' perceptions of the role transition. <i>British Journal of Nursing</i>; 10(5): 330-339.</p>	<p>Findings illustrated:</p> <ul style="list-style-type: none"> • Uncertainty and anxiety. • Lack of confidence in making decisions. • Support – staff shortages blamed for lack of support on ward. • Inadequate knowledge base and lack of preparation – not utilising information learnt as a student. • Management of time and ward not covered adequately by training. • Disparity between real and ideal. • Importance of support/preceptorship pack and information to be in place for newly qualified nurses.
<p>Wilson-Barnett J, Butterworth T, White E, Twinn S et al. (1995) Clinical support and the Project 2000 nursing student: factors influencing this process. <i>Journal of Advanced Nursing</i>; 21: 1152-1158.</p>	<p>Five key themes:</p> <ul style="list-style-type: none"> • Mentorship: <ul style="list-style-type: none"> Where contact is frequent, good student feedback. Problems with absent mentors and poor arrangements. Pressures of work could result in lack of time and support. • Supernumerary status: <ul style="list-style-type: none"> Mixed views, most found pre-assigned work more helpful. • Team Spirit: <ul style="list-style-type: none"> Atmosphere on ward vital influence on learning and support. Positive support where ward staff have progressive attitudes and awareness of their responsibilities toward students. Negative where students seen as another 'rod' for the back. • Theory and Practice: <ul style="list-style-type: none"> Making the link seen as difficult. Related to team spirit, where positive tutors were welcomed, where negative tutors rarely seen or appreciated. • Diploma Level Practice: <ul style="list-style-type: none"> Some perplexity over what constituted diploma level practice. Some lack of diploma experience from tutors. Organisation of nursing teams. Where good teamwork and spirit this lead to a positive learning environment. Where staff worked as less of a team this led to fewer learning opportunities.

Appendix 2

Focus Group Schedule

Questions for first focus groups

- Intro – names and where they are up to in their rotation.
- Why did you choose this programme?
- What did you feel you could achieve from this programme?
- In your view, what is different about this programme in comparison to other programmes?
- You have now spent six months on the rotation programme:
 - What has your experience been to date?
 - What have been some of the learning outcomes for you personally?
 - What has been the most positive aspect of this programme?
 - What have been the challenges or difficulties with your posts to date?
- What in your view are the differences between primary and secondary settings?
- How do you view the relationship between the two settings?
- Have you been supported in your practice? By whom? In what way?
- How has your practice helped you to manage your work?
- Have you had the opportunity to promote the health and well being of your patients? Can you give any examples?
- How has your practice helped with taking patient assessments, which take into account all the needs of the patients, including spiritual, social, physical etc?
- How confident do you feel in your clinical judgements?
- What has been your experience of working with other health professionals and other teams?
- How have you found the support from your peers?
- How have you supported others?
- Any other comments?

Appendix 3

Questionnaire

ROYAL BOURNEMOUTH HOSPITAL END OF ROTATION PROGRAMME QUESTIONNAIRE

We would be very grateful if you would complete this short questionnaire to share your views about the rotation programme and to help us in planning further programmes.

Section one

Please complete the questions in this section based upon where you spent the last six months of your rotation.

1.1: Where did you spend your last six months?

In the community

On the ward

1.2: Have you felt supported in your practice? Please explain and/or give examples.

1.3: Have you had opportunities for further training and development? Please explain and/or give examples.

1.4: Have you been able to develop your clinical skills? Please explain and/or give examples.

1.5: Please briefly describe the positive aspects of the last six months.

1.6: Please briefly explain what could have been improved.

Section 2: Overview of whole programme

- 2.1: What have been the most positive experiences of this programme?**
- 2.2: What have been the main challenges?**
- 2.3: What insights did you gain by working in both sectors?**
- 2.4: Do you think that the skills you have learnt within the hospital are transferable to working in the community, and vice versa? Please explain using any examples.**
- 2.5: In hindsight, what would have improved the programme for you?**

2.6: Where do you see your immediate career plans?

In the community

In the acute sector

2.7: Please could you rate the following aspects of your rotation. Please circle the number that applies to you, where 1 = very poor and 5 = excellent.

Question	<i>On the ward</i>					<i>In the community</i>				
Opportunities for continued training & professional development	1	2	3	4	5	1	2	3	4	5
Support given by other nursing staff	1	2	3	4	5	1	2	3	4	5
Opportunities to develop your clinical skills	1	2	3	4	5	1	2	3	4	5

Please add any other comments you would like to make.