

Providing preceptorship for newly qualified nurses: What are the components of success?

The NHS Next Stage Review included a commitment to support a period of preceptorship for all health professionals, including nurses⁽¹⁾. Details await finalisation but an understanding of factors that facilitate or constrain existing schemes will inform further development. Drawing on a recent review⁽²⁾, this Policy + presents evidence from the UK and elsewhere on challenges likely to be encountered in implementing successful programmes of preceptorship in nursing.

What does preceptorship mean?

Providing support for newly qualified health professionals through preceptorship has long been advocated as a means of improving patient care by assisting new practitioners in developing clinical skills, and encouraging workforce retention by supporting students in the transition to registered practitioner. Some confusion surrounds the concept of preceptorship in that it is used to refer to support for student nurses (particularly in the North American literature) as well as to support for newly qualified nurses. Here, we use it in the latter sense only.

Recognition of new nurses' need for support first found formal expression in the UKCC's 1986 proposals for a four-month post-qualification period of preceptorship⁽³⁾. Each newly qualified nurse was to be allocated to an experienced practitioner (preceptor) working in the same setting. Provision was voluntary but recommended as highly desirable. Now the Nursing and Midwifery Council has included mandatory preceptorship as a confirmed principle of their proposed new framework for preregistration education, with further work needed on the feasibility of implementation⁽⁴⁾. Issues currently under discussion^(4,5) include:

- how long should preceptorship last?
- how formal and standardized should programmes be?
- how to deliver it in community and non-NHS organizations?
- how to meet the resource implications entailed?

Our review found few robust studies in the UK or elsewhere focusing specifically on preceptorship⁽²⁾. We included: our own national survey of preceptorship experiences of newly qualified diplomates from all four branches; several in-depth UK studies of the implementation of preceptorship for adult or children's nurses in one area or trust; and overseas studies of preceptors and preceptorship relationships⁽²⁾.

Is preceptorship being provided?

- Our study showed that:
 - Most newly qualified nurses wanted preceptorship.
 - Allocation to a preceptor was not universal and there was considerable discrepancy between being allocated a preceptor and actually receiving preceptorship.
 - There was some limited evidence that those working in non-NHS organizations were less likely to receive preceptorship than those working in the NHS.
 - Periods of preceptorship ranged from one month to more than six, satisfaction was greater with four months or longer than with shorter periods.
- Findings from small-scale studies confirmed that most newly qualified nurses wanted preceptorship but that provision was not universal.

Is preceptorship effective?

- All studies showed that preceptorship was regarded as having a key role in new nurses gaining confidence and competence.
- Our study showed that:
 - Developing and consolidating clinical skills were aspects of preceptorship for which demand was greatest but least likely to be met.
 - Evidence indicating that dissatisfaction with preceptorship can contribute to nurses leaving a particular job was limited and no link was found with overall retention.
- There was no evidence of effects of preceptorship on: quality of care; choice of career direction; and organizational use of resources.

What factors influence effectiveness of preceptorship?

- All studies found that:
 - High workloads and/or low staffing were the most common constraining factors.
 - Relationships between preceptees and preceptors were generally viewed positively by both parties; difficulties arose over interpersonal conflicts, off-duty rotas not coinciding, and provision ceasing through personal circumstances.
- UK and US studies of preceptors indicated that:
 - UK preceptors were less likely to receive preparation for their role than their North American counterparts.
 - Benefits of being a preceptor need to be tangible if commitment to the role is to be maintained.
- In-depth studies of preceptorship for children's nurses and neonatal intensive care unit nurses indicated that introducing more formalized programmes can improve clinical skill development but that preceptorship relationships can be undermined if there is an over focus on competency assessment.

Conclusions and implications

- Many newly qualified nurses receive preceptorship which is perceived as central to the successful transition from student to staff nurse. Workload, staffing and relationships can constrain effective delivery.
- Organizational commitment to preceptorship is essential if positive aspects are to be maintained and negative aspects addressed. This requires: workload planning that allows staff time to provide preceptorship, undergo training, and develop programmes; appointing senior staff responsible for preceptorship⁽⁶⁾; and a culture that rewards clinical expertise of preceptors and their contribution to supporting newly qualified nurses^(5,6). This will have considerable resource implications and thus presents a challenge in the face of competing budget demands.
- Developing trust-wide preceptorship frameworks facilitates commitment to, and consistency of, provision. These must be sufficiently flexible, however, to meet specialty specific requirements and needs of individual nurses. The less tangible, but no less important, aspects of preceptorship should not be overshadowed by an over focus on competency assessment.
- A senior nurse in each unit or setting should have direct responsibility for ensuring effective preceptorship. This role should encompass:
 - ensuring preceptors are properly prepared for their role;
 - ensuring all newly qualified nurses are allocated a preceptor and receive preceptorship;
 - ensuring preceptors support clinical skill development;
 - addressing difficulties in preceptee/preceptor relationships;
 - ensuring provision is robust including back-up preceptor systems to cover absences or job changes.
- Future preceptorship policies need to take account of increasing health care provision in community settings and non-NHS organizations.

References and information

1. Department of Health (2008) A high quality workforce. NHS next stage review. Department of Health, London
2. Robinson S, Griffiths P (2009) Preceptorship for newly qualified nurses: impacts, facilitators and constraints – a scoping review. National Nursing Research Unit, King's College London
3. UKCC (1986) Project 2000: a new preparation for practice. UKCC, London
4. Nursing and Midwifery Council (2009) Confirmed principles to support a new framework for pre-registration nursing education <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3396>
5. Holland K (2008) Proposed changes for nurse education in England (UK) as a result of the Darzi report-NHS next stage review: some initial observations. *Nurse Education in Practice* 8: 299-301
6. Farrell M, Chakrabarti A (2001) Evaluating preceptorship arrangements in a paediatric setting. *Journal of Child Health Care* 5 (3): 93-100

Key issues for policy

- Preceptorship is perceived to have benefits for newly qualified nurses, preceptors and employers.
- Many factors, especially workload, militate against effective provision.
- Effective preceptorship requires organizational commitment and resources of time and staffing which are likely to vary by setting and organization.
- A balance is required between formalized frameworks and speciality and individual flexibility, and between support and assessment.