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Preceptorship

A Shared Journey Between Practice & Education



A B S T R A C T

Creative new approaches must be developed to attract new graduate and transitioning nurses to psychiatric-mental health nursing. In this article, we present a collaborative nurse preceptor program between a clinical practice agency and a university college of nursing faculty group. The preceptorship was designed to facilitate recruitment and retention of new graduate and transitioning nurses into a community-based, psychiatric-mental health agency. This process could be applied in any practice setting to address issues of recruitment and retention. Over the course of more than 2 years, the program has resulted in a 70% retention rate of new and transitioning nurses in the agency; of particular note is the 100% retention of new baccalaureate graduates. This program has positively affected the agency, the nurse preceptors, and the new graduate and transitioning nurse preceptees.

We describe the collaborative development and implementation of the preceptor program designed to enhance recruitment and retention of new graduate nurses and nurses transitioning from other specialty areas into community-based psychiatric-mental health nursing practice.

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Clinical and educational settings can support one another in instructing, recruiting, and retaining qualified nurses in psychiatric-mental health nursing. One way they can support each other is by improving the quality and availability of nurses, including new graduates and nurses from other specialty areas who want to work in the psychiatric-mental health field. Many psychiatric-mental

ates who are interested in psychiatric-mental health nursing are being told they need these experiences first. While this approach has advantages, the specialty often loses many talented new graduates, and these requirements sometimes dampen new graduates' passion. The preceptor program described in this article addresses these barriers by waiving the requirement for medical-surgical nursing experience

enter the workplace (Oermann & Garvin, 2002). The first 3 months of clinical practice have been identified as the most stressful during a nurse's career. In fact, as many as 60% of new nurses change jobs during the first year of employment (Godinez, Schweiger, Gruver, & Ryan, 1999; Kells & Koerner, 2000). Research supports the need to develop a nurturing culture, supportive of graduate nurses, which includes time to provide holistic nursing care, realistic workloads, and continuous support (De-Bellis, Longson, Glover, & Hutton, 2001).

The preceptor program provided opportunities for reflection, critical thinking, and discussions between preceptors and preceptees.



Existing Programs

Preceptor programs are one way to acknowledge the stress nurses experience when entering clinical practice and to improve retention of these nurses. Nash (2001) defined preceptorship as a structured educational program in which staff nurses are prepared to facilitate the transition of newly employed nurses into their clinical roles. These programs have been designed to help support new graduate nurses' transition to practice in a variety of clinical settings, including critical care. For example, one program for new critical care nurses resulted in increased satisfaction with the orientation program and a significant decrease in turnover rates (Williams, Sims, Burkhead, & Ward, 2002). Other programs have been designed to support the transition of nurses into perioperative nursing from other specialty areas (Finger & Pape, 2002; Graling & Rusynko, 2001). However, programs for new graduates entering the psychiatric-mental health specialty area or transitioning from another specialty area into psychiatric-mental health nursing have not been well documented.

health agencies require nurses to have not only previous psychiatric-mental health experience but also medical-surgical nursing experience, which only exacerbates the problem of insufficient numbers of qualified nurses.

Psychiatric-mental health nurse educators are often frustrated because bright new gradu-

ates following graduation, because new graduates have had this experience as students. In addition, the program offers further psychiatric-mental health experience.

NEED FOR PRECEPTOR PROGRAMS

New graduate nurses experience significant stress as they

The importance of collaboration between academic and clinical practice nursing leaders to establish preceptor programs has been demonstrated (Boyer, 2002; Wright, 2002). Although both community-based and hospital-based practice settings need such programs, this article describes collaboration between Arizona State University College of Nursing and ValueOptions, a private, for-profit, community-based psychiatric-mental health agency that provides public-sector services for people with severe mental illnesses in Maricopa County, Arizona.

PROGRAM DEVELOPMENT AND IMPLEMENTATION

The major issues this collaboration addressed were recruiting and retaining new graduate nurses and helping experienced nurses from other specialty areas transition into psychiatric-mental health nursing. A nursing administrative team at ValueOptions asked to meet with the College of Nursing's psychiatric-mental health faculty to discuss how education and practice could work together to bring more nurses into the specialty. ValueOptions had high turnover rates and vacancies in nursing positions, which had clinical, economic, and professional implications. The initial discussion between the college faculty and the administrative team generated enthusiasm for a collaborative project to address recruitment and retention issues. At this point, discussion focused on philosophical and theoretical issues, including adult learning styles and processes (Brundage & Mackeracher, 1980), the concept of "novice to expert" (Benner, 1984), and preceptor development (Meng & Cibtum, 1995). Both the faculty and the agency administrative team agreed to

pursue development of a preceptor program.

Based on this initial discussion, the administrative team developed and presented a proposal to its corporate office, addressing not only the benefits to ValueOptions from the standpoint of clinical consistency for clients, but also the economic benefits of decreasing turnover of nursing staff. By approving the proposal, the corporate office indicated that it valued the role of nurses within the agency, recognized the need to respond to a critical situation, and believed a preceptor program could improve client care through recruitment and retention of nurses.

The collaboration between ValueOptions and the University consisted of:

- Planning the program.
- Conducting a workshop for the nurses who would be serving as preceptors.
- Implementing the program.
- Evaluating the program.

Planning the Program

The planning stage involved discussions between the administrative team and two nursing faculty members, and pertained to the philosophy underlying the program, the qualities to be developed in both preceptors and preceptees (who would be working in dyads), and the resources necessary to support such a program. The faculty members were responsible for developing and conducting the workshop for the nurse preceptors; the administrative team, in consultation with the faculty members, were to develop documents to be used during the program. The administrative team decided that 8 weeks would be sufficient for the program to meet the needs of both the agency and the preceptees.

The workshop was designed for nurses who would serve as precep-

tors, and faculty developed objectives based on a literature review:

- Describe learning principles and styles, performance-based learning, and the concept of "novice to expert" (Benner, 1984).
- Examine expectations of roles and responsibilities of preceptors and preceptees.
- Explore general strategies for building the preceptor-preceptee relationship (Flynn, 1997; Meng & Cibtum, 1995).

Conducting the Preceptor Workshop

ValueOptions scheduled the half-day workshop, and 18 nurses attended. Of those, 15 were nurse managers or lead nurses who, by virtue of their positions, would function as preceptors. The remaining 3 constituted the administrative team.

The workshop was conducted by the two psychiatric-mental health faculty members who had participated in planning the program. Interspersed throughout the workshop were presentations of didactic content and participant self-assessments that examined how the preceptors learned, facilitated others' learning, and addressed clinical and organizational stress. Strategies and specific approaches to developing the preceptor-preceptee relationship were also explored.

Workshop topics included:

- Adult learning principles, process, styles, and concepts.
- The concept of novice to expert.
- Preceptors: Magicians, teachers, healers, or guides?
- Learning partnership.
- Important preceptor qualities.
- Phases of preceptoring.
- Responsibilities of preceptors, preceptees, and nursing management.

- Preceptor program supports.
- Igniting the passion and passing the torch.
- Feedback and evaluation.

Clinical examples and role playing were used for experiential learning related to potentially problematic issues in the preceptor-preceptee relationship, such as how preceptors could provide feedback and how nurturing they should be, and what to do if the preceptors did not get along with their preceptees.

Feedback from participants about how they hoped to incorporate what they learned in the workshop into the precepting experience

was positive. In particular, the preceptors indicated they understood how essential the formative and summative evaluations would be in preceptees' development of knowledge and skills.

Implementing the Program

To prepare for the program, the agency administrative team developed the necessary tools the preceptors and preceptees would use during the 8-week program. The tools included:

- An interview questionnaire for potential preceptees.
- Pretests and posttests on medication knowledge.

- A program packet that included weekly learning objectives.
- A weekly activity log that preceptees would maintain.
- A psychiatric medication study guide.
- A weekly self-assessment that preceptees would complete.
- Summative evaluations that both preceptors and preceptees would complete and review with the administrative team.

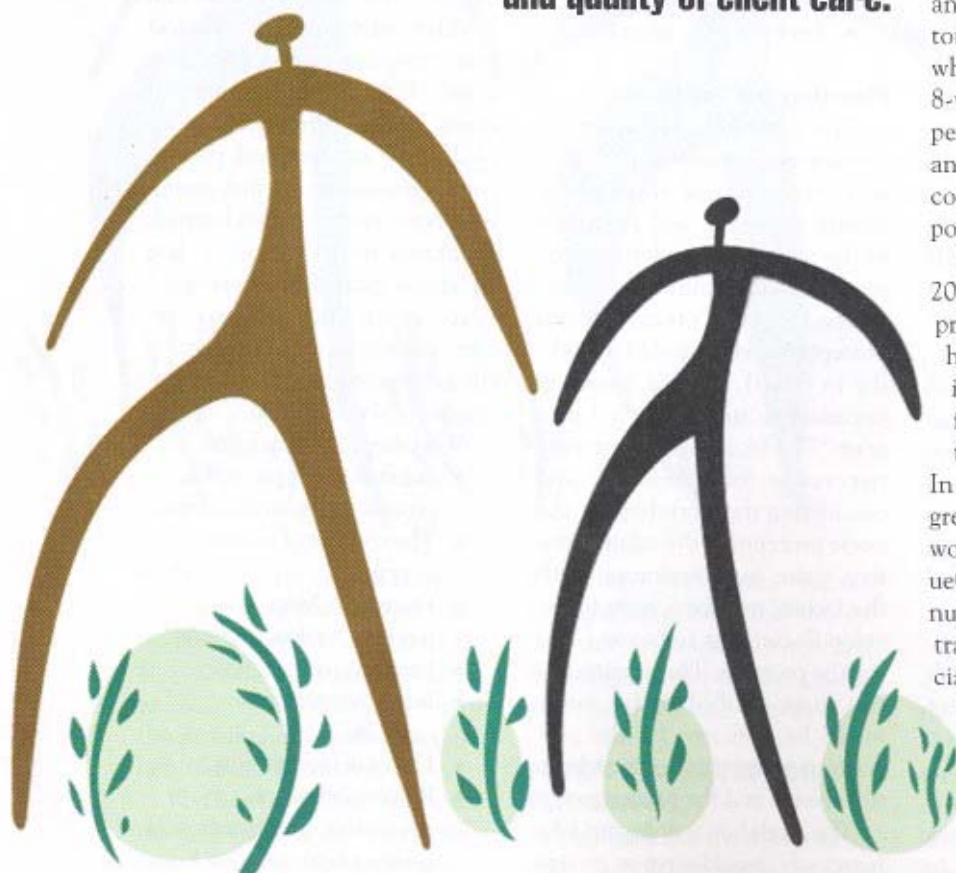
After the workshop, ValueOptions staff began interviewing and hiring new graduate and transitioning nurses. These nurses were hired at competitive salaries, with the specific expectation that they would complete the preceptor program. Implementing the preceptor program provided opportunities for reflection, critical thinking, and discussions between preceptors and preceptees. Preceptees who successfully completed the 8-week program were given permanent clinic assignments, and their salaries were adjusted commensurately with their new positions.

Between April 2002 and May 2004, 10 nurses completed the preceptor program, 5 of whom had earned bachelor's degrees in nursing science (BSN) from the College of Nursing that developed the program. In addition, 2 had associate degrees in nursing (ADN) and had worked as case managers at ValueOptions before receiving their nursing education, and 3 were transitioning from other specialty areas (medical-surgical nursing and critical care).

Evaluating the Program

The evaluation stage of the process has received

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the least formal attention in the preceptor program. Of the 10 nurses who completed the 8-week program through May 2004, 7 remained employed by ValueOptions after 2 years, including all 5 of the BSN graduates. Of the 3 who left ValueOptions, 2 were ADN graduates, and the other was one of the transitioning nurses who moved out of state.

At the end of the 8-week program for the first group of nurses hired into the preceptor program, the chief nursing administrator acknowledged that there had been limited documentation of formative and summative evaluations. However, anecdotal reports indicated that each preceptor-preceptee dyad met informally during each week, which contributed to maintaining positive relationships and was essential to the success of the program. Weekly formative evaluations and summative evaluations at the end of the program provided evidence in support of participants' perceptions of the program's success.

Preceptors' and preceptees' evaluation comments after the program indicated they were satisfied. Preceptor comments ranged from positive reactions about how preceptees had benefited to comments that they themselves had benefitted. In addition, preceptors reported having been impressed with preceptees' enthusiasm and receptivity to learning about their new roles; some also reported that they found themselves still mentoring preceptees even after the program's completion, even though their preceptees may have been assigned to different clinical sites. One nurse commented that serving as a preceptor also gave her the opportunity to learn as she interacted with her preceptee.

KEYPOINTS

1. One creative way to address the shortage of professional nurses in psychiatric-mental health practice is through use of a preceptor program.
2. Collaboration between practice and education is critical in developing and implementing a successful preceptor program.
3. A successful preceptorship requires understanding of issues such as adult learning principles, the concept of novice to expert, and the phases of preceptoring.
4. Both preceptors and preceptees self-reported that they benefited from participating in this preceptor program.

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Preceptees commented that the program was important to their feeling comfortable in clinical settings and supported as they transitioned into new roles. Some commented that they were able to strengthen their application of theoretical knowledge in the practice setting, particularly in relation to developing greater knowledge of psychopharmacological agents and their use with clients with severe mental illnesses. This knowledge was demonstrated in preceptees' performance on pharmacology pretests and posttests administered by the agency; test scores for all 10 nurses improved by 15 to 52 points.

According to the chief nursing administrator at ValueOptions, the program served its intended purpose well. It promoted integration of new nurses into the community mental health philosophy, nursing role, and agency policies and procedures. The nurse educators expressed satisfaction that the program afforded new graduates' entry into community mental health practice. Both the educators and administrative team identified the need to formalize evaluation of the program in the future.

CONCLUSION

Although the small number of participants in the program so far does not allow firm conclusions, some possible implications can be derived from the results. According to the agency nursing administrative team, the 70% retention rate for preceptees during the program's 2 years has positively affected the continuity and quality of client care, and has demonstrated financial benefit to the agency, as the cost of the high turnover of nurses was reduced. As a result, the program will continue to be supported by corporate administration.

The preceptor program, developed and implemented through collaborative efforts by psychiatric-mental health nurse educators and clinical nurse administrators, has been deemed a success by the preceptors, preceptees, the agency nursing administrative team, and the nurse educators involved. As stated by Florence Nightingale (cited in Ulrich, 1992):

Let us each & all realizing the importance of our influence on others—stand shoulder to shoulder—& not alone, in good cause. (p. 13)

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