

## ‘Preceptorship: what works?’: a literature review

### Introduction

Since its first promotion as part of the Project 2000 reforms, the need for and the value of preceptorship for newly qualified nurses (NQNs) has been repeated in policy documents, academic papers, the nursing press and reviews (e.g. Willis, 2015). This commitment remains despite a lack of evidence that preceptorship improves patient care or recruitment and retention though certainly many nurses report that peer support in the early months of registration has been helpful and raised confidence.

Despite this lack of evidence about preceptorship, the NMC recommend that employers of NQNs provide preceptorship programmes. Detailed standards have been developed for such programmes for example by HEE.

The enemy faced by any nursing initiative, however, is time. Busyness and sense of pressure are named continually as barriers to preceptorship. This briefing paper, developed to support the CapitalNurse programme in London, sets out current evidence around preceptorship, along with some promising approaches to its implementation. It provides an updated view since the summary published in 2009 by the National Nursing Research Unit (Robinson, 2009) and ends with points that we hope will provoke discussion among employers and at strategic level.

### Future workforce

Nursing work is changing. ‘The [NMC’s] standards for pre-registration nursing education recognise that nurses will need to be more independent, autonomous and innovative in the future’<sup>1</sup>. The increased engagement of support grade workers is likely to shift the work of registered nurses toward delegation and management of subordinates, administrative and technical work. These may be unfamiliar skills to newly qualified nurses.

### Preceptorship in London

The nursing workforce in London is atypical of the country as a whole. The capital has historical higher turnover than the rest of the country (Finlayson, 2002) and the greatest percentage of unfilled nursing posts in the country (RCN London, 2016). These present particular challenges for preceptorship.

### Aim of this review

The aim of this scoping literature review is to present a current, comprehensive, broad and critical picture of preceptorship models/issues in nursing in the United Kingdom (UK), to identify potentially useful approaches; to consider how this relates to the HEE Preceptorship Standards (2016) and to offer points for consideration by local and strategic bodies. For details of how we searched

for literature see our full report.

## Promising approaches

In order to identify promising approaches we focus on the following key themes from the literature:

- The experiences of preceptees and preceptors
- A standardised or individual approach to preceptorship?
- Key components for a successful transition

### The experiences of preceptees and preceptors

Much has been written over the past few decades about how nearly all newly qualified nurses appreciate a period of preceptorship and it is largely this evidence that supports the value of preceptorship in the absence of more robust research evidence. There is now also a small body of literature emerging which focuses on the views of preceptors. The perceived value of peer support for newly qualified nurses is a strong theme in the reviewed literature alongside the value of a supportive work culture.

Many studies (e.g. Marks-Maran 2013) support the general argument for preceptorship in that most nurses who participate find it valuable for increasing competence and confidence. Preceptees' perceptions are generally that programmes have a positive impact on communication skills, personal development, relationships with colleagues, clinical skills, stress and anxiety. A minority do not find preceptorship useful because of poor relationships with preceptors or a lack of time. Some nurses, particularly in specialist clinical areas, sometimes find that they do not need preceptorship because they already receive the support they need from their specialist colleagues, suggesting the need for such opportunity for all NQNs.

### A standardised or an individual approach to preceptorship?

We found examples of individual evaluated preceptorship programmes in the UK representing different local approaches. These evaluations/studies were very small scale and might be criticised for their lack of rigour however they describe some useful practice based solutions. We begin with examples of two contrasting approaches: one centrally coordinated approach and one more flexible and individually based approach.

A centrally planned and coordinated programme can allow time to organise for time off. Ward managers also know at what points nurses have acquired certain skills. New nurses can find the peer support they experience through such programmes valuable (e.g. Jones *et al.* 2014).

A 'roll-on, roll-off preceptorship pathway' (Chapman 2013) offering flexible and individually adapted support to newly qualified nurses can avoid the need for many staff to be released at the same time to participate and give flexibility regarding acquisition of skills necessary for different practice areas. New nurses are enrolled on the current programme as soon as they begin working and educational needs and acquisition of necessary skills are discussed with managers. Teaching sessions are provided alongside preceptors, peer support, opportunities to reflect, and distance learning linked to the NHS knowledge and skills framework and appraisal needs. Such approaches can rely to a considerable extent on self-directed learning and assessment and extensive paperwork. This can be viewed negatively by participants.

## Key components for a successful transition

We found a number of important features of support for new nurses and constraints related to this support and preceptorship programmes in the literature, many of which of a structural nature. Examples include: organisational commitment to developing frameworks for NHS trusts which goes further than a commitment on paper and, for example, entails providing sufficient resources, appointing dedicated staff and planning to free up time for stakeholders. However, a lack of resources such as staff shortages and demanding workloads is the main constraint in relation to the organised support of new nurses (e. g. Robinson & Griffiths 2009).

We identified two important features, particularly for preceptees: *peer support* and a *positive work culture*. Peer support is highly valued by many preceptees and regarded as the most important form of support by many newly qualified nurses. Peer support provides 'moral support' and reduces stress in newly qualified nurses (Rush et al. 2013) and boosts confidence (Jones *et al.* 2014; Whitehead 2013). Although not strictly a feature of organised support for newly qualified nurses, a positive and supportive work culture is seen as important for a successful transition from student to qualified nurse. Work culture can have an impact on whether or not a transition is successful (Rush 2013). To solely rely on one preceptor can be unrealistic and leave new nurses without support when they need it.

## Points for discussion

We offer the following discussion points for implementation at a local and strategic level. In some cases these are based on our interpretations of what we have found in this literature and national policy that bears on the topic.

- Preceptorship programmes are valuable but organisations should understand that they are no substitute for good employment practices. They should be clear about what newly qualified nurses need and what is possible organisationally. Expectations may need to be managed otherwise it may not be possible to sustain local schemes.
- Organisations should invest in preceptors and provide training, support, time and reward.
- Regardless of how well preceptorship is implemented the value of peer support and a positive and supportive work culture cannot be over-emphasised. Continued high pressure and changes and uncertainty about staffing can corrupt the most positive of cultures.
- We ask whether the repetition of the orthodoxy that newly qualified nurses are unconfident and 'unfinished' might act as a self-fulfilling prophecy. Newly registered nurses are qualified autonomous practitioners and should not be left practicing in a 'twilight zone' where they are less trusted or afforded a lower status than other colleagues.
- Organisations need to pilot and evaluate preceptorship programmes robustly and incorporate resulting changes.
- Those planning preceptorship programmes should make frequent use of the workshop format for programmes when possible because they provide 'built in peer support' and foster independent thinking.

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