

# Preceptee Experience of Preceptorship in Universitas Sumatera Utara Teaching Hospital, Medan, Indonesia

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## **Abstract.**

*University of Sumatra Utara Hospital (USU Hospital) is a teaching hospital managed by the university. USU Hospital as a teaching hospital guarantees the delivery of quality services, education and research and prioritizes learning programs for all professions at USU. Teaching hospitals need an ideal clinical learning model that can accommodate the curriculum that students must take. The study design is a qualitative phenomenology with the aim of exploring the perceived experience of implementing preceptorship at USU hospitals. Research informants consists of 12 students whom are attending professional nursing education. Research data was collected in the process of Focus Group Discussion (FGD). The results found five themes, namely frequency of visits, methods of supervision, achievement of competence, self-confidence, and collaboration.*

**Keywords:** *frequency, method, competence achievement, self-confidence, collaboration.*

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## **1. INTRODUCTION**

The nursing profession in Indonesia continues to develop and increase both in the field of services and education. Nurhidayah [1] explains that nursing education in Indonesia is divided into two integrated stages, namely the stage of academic education and the stage of professional education. Integrated means sustainable. The professional education stage is known as clinical learning. Hsu, Hsieh, Chiu, & Chen [2] revealed the benefits of learning in a clinical environment. One of them is learning that focuses on real problems so that it can motivate students to actively participate in the achievement of competencies.

Educators in the field of practice or clinical area are called Clinical Instructors (CIs). Some countries use the term mentor or preceptor, so the process is called mentorship or preceptorship. According to Maitland [3] preceptorship is a period of new quality professional support that allows them to make the transition from students to registered practitioners, while Hilli and Malender [4] state that preceptorship is important with an emphasis on preceptorship on critical thinking, how to provide a reflective stay that is focusing on ethics. Preceptorship program is very useful as

MarksMaran [5] found that most preceptees (students) state that preceptorship can improve competence and self-confidence, have a positive effect on communication skills, develop personality, develop relationships with colleagues and develop clinical abilities and can reduce anxiety and stress.

Mingpun, Srisa-ard, and Jumpamool [6] revealed that preceptors provide preceptees opportunities to improve academic abilities and clinical competence. Preceptors guide preceptees to socialize with other professional nursing staff, enhance professional attitudes and personal attitudes for the preceptees. Opinions of Hsu et al and Mingpun et al, was supported by McClure and Black [7]. McClure and Black provided the view that nursing students at the professional education program stage were given the opportunity to combine cognitive knowledge, development of psychomotor abilities and effective expertise.

Carlson [8] states that the relationship between preceptors and preceptees is called precepting. Precepting is a complex matter and must really be prepared by educational institutions and service institutions. The preceptor preparation program must focus on reflection, critical thinking and communication skills. A preceptor besides having good communication skills is also required to have a lot of skills and experience in order to be able to transfer experience to preceptees during preceptorship.

Bengtsson and Carlson [9] added that preceptors are also expected to have the skills to be able to form effective learning environments and facilitate constructive clinical learning experiences for students. All students who graduate to become nurses, are considered to have qualified competence and are ready to work in the community. Copeland [10] also states that mistakes during practice by new nurses or preceptees are alarms for patient safety.

Bratt & Felzer, [11] offer different solutions. They stated that Evidence-Based Practice (EBP) is another method that can be developed to reduce the gap between educational institution policies and the competencies that nurses must achieve in the field. The results of research conducted on midwifery students by Susanti, Wirakusumah, and Garna [12] showed that there was an increase in student knowledge after participating in the preceptorship program. This study reinforces that preceptorship conducted in practice areas can improve student skills.

Widyastuti, Winarni, & Imavike [13] recommends that each educational institution prepare students both cognitively, affectively and psychomotor and able to carry out effective communication with the clinical supervisor in the practice area. The opinion of Widyastuti et al is in line with Dewanti's opinion [14] which suggests that education should provide the provision of clinical competence to students before going to the hospital. So that when undergoing preceptorship students are expected to be able to apply the theories they have learned.

Jun, Kovner, & Stimpfel [15] stated that the success of preceptorship is influenced by two factors namely internal and external factors. Internal factors that are

considered to be able to inhibit preceptorship are perceived attitude and knowledge while external factors are related to resources, leadership, and organizational culture. Based on the problems that have been presented in the background, the researcher wants to explore the experience of preceptees during preceptorship in teaching hospitals.

## II. METHODS

The research design is qualitative phenomenology. The aims to explore perceptions about the implementation of preceptorship. The research informants consisted of 12 students that were randomly selected and are attending a nursing professional program whom are representatives of each different group. Data collection was carried out by means of Focus Group Discussions (FGD).

The results of the discussion are then analyzed through several stages, namely, Sugiono [16]:

1. Data reduction is the process of selecting, separating, paying attention to the simplification, abstracting and transformation of rough data arising from written records in the field. Data obtained in the field will be written in the form of a complete and detailed description and carefully recorded;
2. Presentation of data is done with the aim of making it easier for researchers to see the overall picture or a particular part of the study. Presentation of the data is done by describing the results of the discussion as outlined in the form of a narrative text, and supported by documents, as well as photographs and similar images to make a conclusion;
3. Drawing conclusions, namely conducting continuous verification throughout the research process, namely during the data collection process.

The validity of the data in qualitative research is an important concept that is updated from the concept of validity of reliability. The degree of trust or truth of an assessment is determined by what standards are used. According to Moleong [17], there are several criteria used to check the validity of data, including, Credibility, Transferability, Dependability, and Conformability.

## III. RESULT AND DISCUSSION

Based on the analysis of the results of the Focus Group Discussion (FGD), five themes were found, namely the frequency of visits, the method of supervision, achievement of competence, confidence, and collaboration. The first theme is the frequency of visits made by the preceptor. The results of the FGD found that the frequency of preceptors' visits was still less as shown in the following conversation:

"... the presence of a lecturer in visiting us at the hospital is very rare ..." (R4)

"... indeed, the lecturer was not present ..." (R9)

"... they only came once but eee ... like it was just a short visit ..." (R1)

"... each department's experience is different, but generally consults are lacking ... (R8)

"... supervision from preceptor is lacking a lot, ... (R8)

"... there are preceptors who come just once, only to test their students for clinical examinations ..." (R11)

Sundler et al [18] conducted a survey of preceptees' clinical experience, relationships and supervision of the preceptor. The results of his research found that preceptees who received supervision from the same preceptor during preceptorship felt more comfortable than preceptees who received different preceptors during supervision every day. Preceptors explained that the routine and planned supervision of preceptors formed a good relationship. A conducive learning environment can be created from a good relationship between preceptors and the preceptee. Regular visits can provide comfort during learning which naturally impacts the resulting nursing care.

Kurdi, Nahariani, Priyanti [19] conducted a study aimed at identifying student perceptions and factors that influence the clinical practice learning environment and supervision of hospital-based clinical practice learning processes in Indonesia at three Nursing educational institutions in East Java. The results showed that nursing students said that the success of clinical learning practices was mainly determined by the content of the supervisory relationship and the role of the nurse lecturer or preceptor. This study shows the magnitude of the role of supervision and the role of the preceptor.

Severinsson and Sand [20] state that clinical supervision greatly influences the development of professional preceptee identity, increases preceptors' decision making abilities and personal growth. This opinion reinforces that the visit or supervision has a major impact on the ability of preceptors directly and indirectly. Nurhidayah [21] also conducted research on preceptors from service institutions, which were represented by preceptors from the Haji Adam Malik General Hospital Medan with the Focus Group Discussion (FGD) method.

Based on the results, the FGD resulted in four themes, one of which is the problem of time in which preceptors need adequate durations for supervision. Preceptors should allocate special time to carry out supervision during preceptorship because preceptorship is an important part of the professional Nursing education program. Preceptorship is not used as a side job that is done between the remaining times because preceptorship makes a meaningful contribution to the improvement and achievement of preceptee's competence.

The second theme is the supervision method by the preceptor. The results of the FGD found that the preceptors' method of supervision was quite varied, such as the following conversation:

"... when the preceptor arrives, a preliminary report and the results of the study that we have made must be readily available ..." (R3)

"... Eee ... it felt like a short visit ..." There was no supervision. (R1)

"Our communication is active during supervision through a WA group, we are guided there and we report on the results of activities there..." (R9)

"... for supervision, indeed here we are more focused on the cases for reporting ..."  
(R12)

"I think that this coaching process generically exists but it is inconsistent ..." (R8)

"We have to raise a case seminar at the end of the phase, so the supervision is eeee ..., if the lecturer comes to the hospital, but more often we go to campus for supervision instead... "(R11)

"... For some stages, it is quite different, for example, the maternity department, we are guided by the lecturer, there is a clinical examination before starting the phase, and there is a final examination after the completion of the phase. In other departments we are obliged to go through consults, must make preliminary reports and case reports per week, sometimes the lecturer meets us in the field or when they don't have time to visit, we are consulted through the WA group "(R9)

"... some do bed side teaching, but maybe it depends on the room service, sometimes it gets a good CI but there is also a CI that is not good. ... (R2)

Based on the results of the FGD it was found that the method of lecturer supervision was quite varied, depending on the situation and conditions. Because of busyness, not all preceptors implement bed side teaching. Some of the supervision is done on campus and discussions are carried out through groups on social media. However based on the results of several studies found that there is a very large influence of supervision on the success of learning in the clinic.

The above conditions indicate that the workload of the preceptor is quite high, so the preceptor has difficulty dividing their time. Hanson [22] described his findings that one of the many themes found related to nurses' assignments in the practice area was the excess responsibility of the nurse's workload. In detail, Hanson divides again into four sub-themes, namely, the experience of nurses in the practice field, the experience of care as a preceptor, the attitude of nurses in guiding students and the contribution of nurses in clinical learning.

The high workload makes it difficult for the preceptors to divide their time as Indriarini, Rahayu, and Pindani's [23] research explains preceptors are expected to provide time in the orientation for students during the internship process so that new nurses can clearly understand the routine of their workspace. In addition, Nurhidayah [24] research found that there were still mentors who were not present on time and did not follow the agreed schedule.

Sundler [18] conducted a survey of clinical experience of preceptors, and the supervisory relationship of the preceptor, found that preceptors that received supervision from the same preceptor during preceptorship felt more comfortable than preceptors who received different preceptors for supervision each day. This means that preceptors require an adaptation period when the preceptor changes.

Kurdi, Nahariani, Priyanti [19] conducted research on the factors that influence the learning environment of clinical practice and supervision. This study found that the

success of clinical learning practices is mainly determined by the content of the relationship at the time the preceptor guides the preceptor. Severinsson and Sand [20] reinforces Kurdish's opinion. According to Severinsson and Sand clinical supervision greatly influences the development of professional preceptor identity, increases preceptors' decision making abilities and personal growth.

Other research from Elmonita, Agustina, and Dwidiyanti [25] also states that clinical supervision can have a positive impact on nurses' performance both internally and externally. Many positive effects of clinical supervision in hospitals can be a reference so that clinical supervision continues to be done properly in the hospital. Two studies above state the importance of direct supervision of the preceptor during preceptorship because it has a positive impact on nurse performance and the quality of nursing services.

The third theme is the achievement of competencies during preceptorship. The results of the FGDs found that the achievement of preceptor's competence varies depending on how active preceptors are to achieve it, such as the following conversation:

"... eee...in some rooms, CI wants to guide actions to achieve nursing competence ... (R9)"

"Larger teaching hospitals have more collections of cases, certainly it is easier to achieve their competency targets even though there are more rivals from other profession. (R12)

"CI is quite busy, it seems like there is no communication between the implementing nurse and CI about the competency target, so the ward nurses sometimes don't want to teach us ... (R8)

"We must be good ones at following nurses' activities and ask for permission to be guided in carrying out nursing actions" (R5).

"We hope to get competencies that must be achieved during professional education, so that when we graduate we will be able to compete with other institutions" (R8)

"USU Hospital have sufficient numbers of patients to achieve the expected competence" (R3).

Marks-Maran [5] explained that most preceptors stated that the preceptorship program can increase competence and confidence. Preceptorship is also considered to have a positive impact on preceptors' ability to communicate, develop personality, relationships with peers, develop clinical skills, reduce anxiety, and stress.

The supervision process with the mentorship and preceptorship method was felt to be more effective in increasing the competence of clinical nurses at the Dr. M. Djamil Padang (Sulung) General Hospital. According to Ami Tursina, Triantoro Safaria, Mujidin: The results of the study show that the supervision of social cognitive preceptorship models has an influence on improving students' clinical competence. Saragih [26] and Yunita [27] stated that the inability or incompetence of new nurses to

adapt to the work environment had an impact on the decline in the quality of nursing services provided to patients in the hospital.

The fourth theme is preceptors' confidence during preceptorship. The FGD results found that confidence in average preceptors only appeared at the end of the first week, as was the result of the following conversation:

"... at USU Hospital, self-confidence has arisen since the first week huh ... day 5 or day 6, ... because , the nurses are also comfortable being invited to work together..... "(R7)

"... Every time I enter a new practice room, it definitely requires an adjustment, so I have asked my friend how the nurse is in the room I will enter". (R5)

"If from the first day, the preceptors or the head nurse carry out the orientation of the room and the actions that must be taken, the confidence appears more quickly." (R4)

"... In my opinion, it depends on our closeness to the nurse in the room, when the nurse wants to guide then that confidence is already on the third day ..." (R1)

Edward's opinion is similar with the opinion of Marks-Maran, Ooms, and Tapping [5] who explained that most preceptors state that preceptorship can increase competence and self-confidence. Preceptorship is also considered to have a positive impact on preceptors' ability to communicate, develop personality, relationships with peers, develop clinical skills, reduce anxiety, and stress.

The fifth theme is about collaboration during preceptorship. The results of the study found that good interpersonal relationships gave birth to confidence in preceptees, such as the following FGD results:

"Sometimes other professions such as doctors are willing to accept and collaborate while working, there are even prospective consultant doctors who are willing to teach and explain the actions that we should take compared to peers of nurses". (R8).

"Acceptance, communication and cooperation with doctors and doctor's resident are very connected and good". (R12)

"Sometime doctor's residents want to help and teach procedures and give confidence in carrying out actions to patients. R9"

"Some doctors are welcome to work together but there are also some doctors who underestimate nurses, for example when a student of doctor is pushing a bed, the doctor says 'just leave it to the nurse's duty' ..."(R6)

"There are some doctors who are welcome and there are some who underestimate nurses too" (R7)

"Collaboration is difficult because there are striking differences between nursing profession students and doctor profession students, there is no special place for nursing profession students while medical profession students can relax in a special room very comfortably" (R10)

"We sometimes feel down, because support from senior nurses is also lacking, unlike doctors who are diligent in guiding students to rising doctors" (R11)

“We feel there is less support from senior nurses for us when doing practice, sometimes we envy doctors who provide defence to medical profession students who make mistakes. So, we think our colleagues just don't trust us, especially with other professions?” (R5)

Based on the narrative explanation above, that the supervision of preceptorship is very useful, one of which is to improve the preceptors' interpersonal relationship. Muir [28] asserted that most of the preceptors viewed the preceptorship program and the role of the preceptors in this program as positive. Edwards, Hawker, Carrier, & Rees [29] assess from a different perspective. Edwards stated that there are positive impacts on the transition support strategy for newly graduated nurses based on the perspective of new nurses. This shows that the focus of preceptorship on newly graduated nurses is considered very important, because it makes the transition period as a time to adjust to their new roles.

Buring et al., [30] states that the relationship between preceptors and preceptors is called precepting. Precepting is a complex matter and must really be prepared by educational institutions and service institutions. The preceptor preparation program must focus on reflection, critical thinking and communication skills. Elcigil and Sari [31] state that communication skills are an important characteristic of nursing preceptors. A good interpersonal relationship between preceptors and preceptees becomes a motivator for preceptees, Damayanti & Bachtiar [32]. Sharry [33] states that the togetherness between a preceptor and a preceptor is a strength which is the foundation of the effectiveness of the teaching and learning process and assessment. Discussions and questions and answers can accentuate preceptors' knowledge and stimulate the ability of preceptors to think critically. The lack of togetherness and tutoring between the two has a negative impact on the learning process of preceptors.

#### **IV. CONCLUSION**

Based on the explanation above, it can be concluded that routine and scheduled supervision, and the supervision method by the preceptor during preceptorship and is very important. It be able to contribute to good communication patterns so as to strengthen interpersonal relationships between preceptors and preceptees. It also can increase the confidence of preceptees. This has an impact on the achievement of preceptees' competence so as to reduce stress during the preceptorship transition. Preceptorship has been advocated in nursing for the past few years even though this transition period has long been known as a time of stress. The confidence possessed by preceptees can increase the ability to collaborate with other profession.

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