The Effect of Preceptorship Training on New Nurse's Adaptation During Orientation at a Private Hospital in Medan

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Article Info

ABSTRACT

Preceptorship is a specialized area that prepares new recruited nurses and students to integrate previously acquired knowledge with skills and competencies from dependent supervised practice to independent collaborative practice. The study objective is to identify the effect of preceptorship training on new nurses adaptation during orientation. The research method is Pre-Experimental design in one group pretest-posttest without control and 37 respondents with purposive sampling technique. The inclussion criteria are new recruited nurses and going to 3 months orientation phase. Exclussion criteria is new recruited nurses who are refused to continue as respondent after data collection. The research instruments were Performance and Proficiency Assessment, Preceptee's Satisfaction, Self-Confidence, and California Critical Thinking Disposition Inventory which adopted and modified from previous studies. Data was analyzed using non-parametric statistic Wilcoxon test. The result showed that was a meaningful effect with p-value 0.000 ($\alpha < 0.05$). It can be concluded that there was a significant effect of Preceptorship Training on New Nurse's Adaptation During Orientation. Optimal preceptorship will build interpersonal relationships between new and senior nurses, and reduce stress that can reduce the tendency to quit in the middle of the orientation period. It is hoped that further researchers will add variables of turnover intention, burnt out, self-efficacy and work stress.

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INTRODUCTION

There are many new nurses cannot survive during the orientation stage as new nurses. The most vulnerable period is in the first month because they cannot cope on in a new environment without good preceptorship from senior nurses as data collected through interview with 10 new recruited nurses. Preceptorship in clinical practice is a specialized area that prepares new recruited nurses and students to integrate previously acquired knowledge with skills and competencies. A

fresh graduate nurse and student translates theory into practice, personal and professional skills, attitudes and behaviors are learned and practiced in patient care (El-shahaly, Adam, Al-hosany, & Mohammed, 2019). Preceptorship through clinical teaching in nursing includes helping students to acquire technical skills, develop professional responsibility, and move from dependent supervised practice to independent collaborative practice.

Clinical guidance is given to preceptees (new recruited nurses/students) who will begin their role in the nursing practice setting. This new role change will bring about a change in the preceptee's rhythm, therefore an adaptation process is needed during the transition period. The transition of the role of new graduate nurses from students to professionals requires the assistance of a preceptorship guidance program. This role transition is also explained in nursing theory by Patricia Benner (Alligood, 2018) with the "From Novice to Expert" model which means from beginner to expert. Benner's model is situational and describes five levels of skill mastery: novice; advanced beginner; competent; proficient; and expert. Student as preceptees are categorized as novices and new recruited nurses as preceptees are categorized as advanced beginners.

Beginners need guidance from preceptors. A study conducted previously on 69 new nurses who already had a Competency Certificate was recruited and surveyed and found that new nurses who already had Competencty Certificate had a fairly high level of perception of the effectiveness of the preceptor's role, psychological empowerment and professional autonomy. The effectiveness of the preceptor's role had a fairly significant positive relationship with professional autonomy and psychological empowerment. Likewise, a significant relationship was also found between professional autonomy and psychological empowerment (Watkins, Hart, & Mareno, 2016).

Nurse preceptors are described as one of the most influential people on new graduate nurses or students. Therefore, not every nurse is a suitable candidate to be a preceptor. Preceptors should be experienced nurses who exemplify the mission, vision, and core values of the organization. Another explanation is that beginning graduate nurses rely heavily on preceptors for instruction and teaching. The preceptor's ability to effectively teach, support, and mentor graduate nurses has a significant impact on graduate nurse performance, satisfaction, organizational commitment, and retention (Blevins, 2016).

Preceptors play a critical role in the transition of new graduate nurses into health care practice. The research literature suggests that the preceptor role, although rewarding, has been perceived as challenging and highly stressful by preceptors (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). The stress experienced by preceptors can be reduced by implementing well-designed and structured preceptor training programs. Preceptor program developers, guided by the organization's mission and best practices, should clearly define and make known the role of the preceptor (Omer, Suliman, & Moola, 2016). In a study to determine the roles and responsibilities of nurse preceptors as perceived by preceptors and preceptees; both groups identified protecting patients from health care errors as the highest priority, and evaluation was ranked the lowest. Both groups identified the roles of educator, facilitator, and evaluator as preceptor roles (Omer et al., 2016).

Preliminary study found that the number of new nurses working ≤ 1 year from January 2023 was 150 people (38%) and special guidance and assistance were needed until the new nurses understood how to do it. Until now, the majority of new nurses are guided by the head nurses who also serves as unit management and this Private Hospital is one of the Teaching Hospitals for nurses during field practice. Therefore, a special clinical supervisor (preceptor) is needed to guide the preceptee (new employee/student). The objective of this study is to identify the effect of preceptorship training on new nurses adaptation during orientation at a private hospital in Medan.

RESEARCH METHOD

The type used in this research is quantitative and Pre-Experimental design in one group pretest and posttest without control (Polit & Beck, 2018)(Simanullang & Tambunan, 2023). The research was conducted on September – December 2023 and the sample was 37 respondents with total sampling technique. Research instrument consists of 4 questionnaire as followed:

1. The Performance and Proficiency Assessment (PPA) instrument for preceptors was adopted from Baptist Health Lexington (Bradley et al., 2015) consist of 20 statements using a Likert scale with strongly agree (4) and strongly disagree (1) which aims to assess the performance and ability of preceptors by preceptees (new nurses). This instrument is filled out by preceptees (new nurses) to assess preceptors. Explanation of PPA scores for preceptors include: ≤ 20 (very poor); 21 – 40 (poor); 41 – 60 (fair) and > 61 (good).

2. The Preceptee's Satisfaction Instrument for preceptee (new nurse) was adopted from previous study which consists of 10 statements using a Likert scale with 5 (strongly agree), 4 (agree), 3 (uncertain), 2 (disagree), 1 (strongly disagree) which aims to assess preceptee satisfaction. This instrument was modified into 17 question items. This instrument is filled out by preceptee (new nurse) to assess their preceptors. Explanation of preceptee satisfaction scores include: ≤ 13 (very poor); 14 – 26 (poor); 27 – 40 (fair) and > 41 (good) (Omer, 2016).

3. The Self-Confidence Instrument for preceptees (new nurses) was adopted fgrom previous study and modified into 10 statements using a Likert scale with 5 (strongly agree), 4 (agree), 3 (uncertain), 2 (disagree), 1 (strongly disagree) which aims to assess the preceptee's self-confidence. This instrument was filled out by the preceptee (new nurse) to assess themselves. Explanation of the preceptee's self-confidence score includes: ≤ 13 (very poor); 14 – 26 (poor); 27 – 39 (fair) and > 40 (good) (Omer, 2016).

4. The California Critical Thinking Disposition Inventory (CCTDI) instrument was adopted from previous research and modified into 15 statements using a Likert scale with 5 (strongly agree), 4 (agree), 3 (undecided), 2 (disagree), 1 (strongly disagree) which aims to assess the critical thinking of preceptees (new nurses). This instrument is filled out by preceptees to assess themselves. Explanations of preceptee critical thinking scores (new nurses) include: ≤ 19 (very poor); 20 - 38 (poor); 39 - 57 (fair); and > 58 (good) (Shin, Park, & Kim, 2015).

Previous research on the implementation of preceptorship used a pilot study on Preceptor Performance, Preceptee Satisfaction, Preceptee Self-Confidence and Critical Thinking in Carrying Out Clinical Practice on 20 nursing students were obeying program nurses. It is found that Cronbach's alpha values > 0.90, which indicates that the Internal Consistency good reliability, value corrected item-total correlation of each item> 0.90, which indicates that the item total correlation coefficients were very good and had a good word structure (Regar, Syahrul, & Tahir, 2019).

The research inclussion criteria are 1) new recruited nurses, 2) going to 3 months orientation phase. Exclusion criteria is new recruited nurses who are refused to continue as respondent after data collection. Research implementation are 1) distribute preceptorship training module to 26 training participants (nurses who works more than 2 years and graduated as a nurse profession as preceptors) a week before the preceptorship training is carried out; 2) carry out a precepthorship retest (respondents are preceptees or new recruited nurses) one week before the preceptorship training is carried out; 3) carry out preceptorship training through one day of classroom learning as lectures, Questions & Answering sessions, role plays and demonstrations, and discussions; 4) carry out observations of the implementation of preceptorship after the training until the posttest; 5) carry out a preceptorship posttest (respondents are preceptees) there months after the preceptorship training was implemented, 6) perform data tabulation and data were not distributed normally through Shapiro Wilk analysis with p-value on prestest data was 0.000 and p-value on posttest data was 0.000. Data was analyzed using non-parametric statistic Wilcoxon test.

RESULTS

Table 1. Characteristics of Respondents

Characteristics Respondent		
1. Preceptors	**Frequency (f)**	**Percentage (%)**
Age:		
25-30 Years	10	38.5%
31-36 Years	8	30.8%
37-42 Years	5	19.2%
>42 Years	3	11.5%
Total	**26**	**100%**
Gender:		
Male	5	19.2%
Female	21	80.8%
Total	26	100%
2. Preceptees		
Age:		
23-28 Years	16	43.2%
29-34 Years	9	24.3%
35-40 Years	7	18.9%
>40 Years	5	13.6%
Total	**37**	**100%**
Gender:		
Male	6	16.2%
Female	31	83.8%
Total	**37**	**100%**
Education:		
Nurse Profession	16	43.2%
Nursing Diploma	21	56.8%
Total	**37**	**100%**
Working Experience:		
>10 Years	10	27%
5-10 Years	9	24.3%
1-4 Years	6	16.2%
0 Year	12	32.5%
Total	**37**	**100%**

Based on the table above explained that the majority of preceptor's age was 25-30 years old on 10 respondents with percentage of 38.5% and the majority of preceptor's gender was female on 21 respondents with percentage of 80.8%. While the majority of preceptee's age was 23-28 years old on 16 respondents with percentage of 43.2%, the majority of preceptee's gender was female on 31 respondents with percentage of 83.8%, the majority of preceptee's education was Nursing Diploma on 21 respondents with percentage of 56.8%. The majority of preceptee's working experience was 0 year on 12 respondents with percentage of 32.5% and followed by >10 years on 10 respondents with percentage of 27%.

Table 2. Distribution of New Nurse's Adaptation Pretest and Posttest Preceptorship Training

Scor	Pretest								Posttest							
	PPA		PS		SC		CCDTI		PPA		PS		SC		CCDTI	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Good	0	0	0	0	0	0	0	0	26	70.3	25	67.6	22	59.5	31	83.8
Fair	15	40.5	19	51.4	24	64.9	30	81.1	11	29.7	12	32.4	15	40.5	6	16.2
Poor	22	59.5	18	48.6	13	35.1	7	18.9	0	0	0	0	0	0	0	0
Very Poor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	37	100	37	100	37	100	37	100	37	100	37	100	37	100	37	100

Note: f (frequency), % (percentage), PPA (Performance and Proficiency Assessment), PS (Preceptee's Satisfaction), SC (Self-Confidence), CCDTI (California Critical Thinking Disposition Inventory)

Based on the table above explained that pretest scoring before preceptorship training as followed: majority PPA was poor (59.5%) on 22 preceptees, majorty PS was fair (51.4%) on 19 preceptees, majority SC was fair (64.9%) on 24 preceptees, and majority CCDTI was fair (81.1%) on 30 preceptees. While the posttest scoring after preceptorship training was increased significantly as followed: majority PPA was good (70.3%) on 26 preceptees, majorty PS was good (67.6%) on 25 preceptees, majority SC was good (59.5%) on 22 preceptees, and majority CCDTI was good (83.8%) on 31 preceptees.

Table 3. Effect of Preceptorship Training on New Nurse's Adaptation During Orientation

New Nurse's Adaptation During Training	Preceptorship Training	
	z	p-value
Pretest PPA - Posttest PPA	-5.454^b	0.001
Pretest PS - Posttest PS	-4.939^b	0.001
Pretest SC - Posttest SC	-4.882^b	0.001
Pretest CCDTI - Posttest CCDTI	-5.161^b	0.001

Based on the table above explained that there was a meaningful effect of Preceptorship Training on New Nurse's Adaptation During Orientation with p-value 0.001 (α <0.05).

DISCUSSIONS

Previous study indicated that there was no difference between intervention and control groups on pretest. However, there was a difference between the intervention and control group using Independent Sample t-Test = 0.001 <0.05 after preceptorship approach which affects the acquisition of new nursing competences. Hospitals should offer preceptor training in order to enhance the caliber of preceptor and the proficiency of newly graduated nurses. The preceptorship method can improve competence, although it is still found that some new nurses are not yet competent in achieving competence such as conducting assessments, providing fluid and electrolyte needs, providing wound care, ethics in nursing and interpersonal communication (Yuliartiningsih, Nursalam, & Kartini, 2019).

Another study of 23 respondents showed an increase in the level of preceptor knowledge before compared to after the preceptorship program development training intervention (p = 0.011). Based on the results of the Mann Whitney test, there was a significant difference between job expectations (p = 0.001), work environment (p = 0.011), and turnover intention (p = 0.004) of new nurses before and after the preceptorship program development training intervention on preceptors.

The characteristics of new nurses and preceptorship program development training, simultaneously with job expectations and work environment, influenced the turnover intention of new nurses (p = 0.037). This study recommends that hospital service institutions are expected to implement preceptorship programs as a form of support for new nurses by providing opportunities for preceptors to have more time on duty with new nurses who are their responsibilities, especially in the first month of assignment (Ningrum, Wijayanti, & Tjitra, 2021).

Another finding using a Quasi-experimental study of 35 respondents in each group (intervention and control) showed that the behavior of professional nurses increased. There was differences in nurses attitude on the intervention and control groups with p-value = 0.000. There was a relationship between the recruitment process and an increase in nurses attitude with p-value = 0.001. Working period with p-value = 0.017 and preceptorship program with p-value = 0.006 have an effect on increasing the attitude of professional nurses. It is expected that will hold a preceptorship program and establish regulations, policies, guidelines and guidelines on the application of the preceptorship method to changes in the behavior of professional nurses. Nurses understand and instill the behavior of professional nurses starting from themselves, colleagues, and patient care (Susanti, Bunga, & Supardi, 2022).

Another survey was conducted on 17 preceptors, 50 new nurses in the intervention group, and 17 preceptors, 50 new nurses in the control group. The pre-post test stage was conducted to observe the implementation of preceptorship and assess the adaptability of new nurses after preceptorship training. The findings showed that the adaptability of new nurses in the intervention group increased significantly compared to the control group. The preceptorship ability of the intervention group increased significantly compared to the control group. It was concluded that preceptorship training was effective in improving the adaptability of new nurses because they did not have previous work experience (Windyastuti, 2016).

Another study evaluation found that at the preliminary/antecedent stage, around 68.2% to 90.9% of clinical preceptors had good preparation at the student preparation stage as perceived by preceptors and preceptees academically. While at the transaction stage, preceptors were able to teach nursing care and students to carry out nursing care from simple to complex according to the competencies to be achieved. Only less than half (45.5%) of student preceptees implemented good nursing care, including assessment, diagnosis, planning, implementation and evaluation. However, more than 68% of them showed good professional attitudes and communication. The results stage obtained consistency in the results of the practice stage with the national competency test with a value of 76.2% to 97.4% (Anwar, Supriyati, & Tolla, 2019).

This study which involved 184 newly graduated nurses employed at two advanced general hospitals, between the clinical teaching style of preceptors and resilience, self-leadership, and field adaption. New graduate nurses' field adaption was directly impacted by the clinical teaching conduct (β =.18, p<.001) and resilience (β =.14, p=.030) of their preceptors. Resilience and self-leadership both demonstrated a serial double mediating impact. Through self-leadership and resilience, preceptors' clinical teaching behavior had a major impact on new graduate nurses' field adaptation. It is concluded that the government should extend the current education support project to supply enough manpower in order to improve the field adaption of newly graduated nurses. Additionally, strategies to support preceptors' clinical teaching conduct should be developed and implemented by medical facilities and nursing associations (Kim & Kim, 2023).

Proficient nursing mentors exhibit a wealth of abilities, proficiencies, and gifts, and they are eager to impart them to others. Interpersonal communication, decision-making, time management, assessment, and creating plans for process improvement that have a positive impact on the climate, culture, and governance of the unit and organization are a few examples of the knowledge and skills essential to its success. Seek out chances to involve your preceptors in unit objectives like quality improvement and patient safety as leaders (Sherrod, Holland, & Battle, 2020).

Recently graduated nurses' adjustment ought to start amid nursing instruction, be bolstered by the work environment association, and driven by the nurse's identity. It decided that that the part of nursing instruction in helping the arrangement of the desired information and real clinical encounters to understudies significantly afected creating nurses' self-confdence levels in conveying nursing care efectively. Furthermore, a warm environment upheld medical attendants candidly and physically (Baharum et al., 2023).

Qualitative study to investigate the work adjustment encounters of unused medical caretakers who experienced stretch whereas transitioning into the workforce were conducted with 18 medical attendants working at a common healing center. Four clusters of topics were drawn from important information with respect to the nurses' adjustment encounter: "Weakened intellect and body", "Reaching one's mental and physical limits", "Fighting back against work stress", and "Assuming the part of a nurse". The modern medical attendants were the foremost focused amid the three to six months taking after autonomy from the preceptor, and after seven months on the work, they experienced a few determination by adjusting to human connections with their colleagues. This think about recommends a wide and longer viewpoint to which new medical caretakers have to be adjust, both at work and in human connections, to overcome their challenges (Doo, Seo, & Kim, 2022). The limitation of this study that only done in one group, it will be better if it is conducted with control group as a comparison.

CONCLUSION

It can be concluded that in this study, that there was a meaningful effect of Preceptorship Training on New Nurse's Adaptation During Orientation with p-value 0.000 (α <0.05). The better the preceptorship program, the better the adaptation of new nurses in the transition period, especially for those who have just graduated from the nursing profession. Optimal preceptorship will build interpersonal relationships between new nurses and senior nurses, build good communication, create a conducive work environment, reduce stress that can reduce the tendency to quit in the middle of the orientation period. The better the ability of new nurses to think critically will increase their confidence in providing comprehensive nursing care to patients. It is hoped that further researchers will add variables of turnover intention, burnt out, self-efficacy and work stress.

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