

Primary Healthcare

Effective Preceptorship: can this improve the experience for Newly Qualified Nurses transitioning into primary care? --Manuscript Draft--

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| Manuscript Number: | PHC1782R1 |
| Article Type: | Article - if in doubt use this one |
| Full Title: | Effective Preceptorship: can this improve the experience for Newly Qualified Nurses transitioning into primary care? |
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| Abstract: | The demand on Primary care has increased and General Practice Nurses are now managing more complex patient needs. This can be attributed to the ageing population and increase prevalence of long-term conditions. It is therefore essential that as they continue to increase, the focus is on retaining primary care staff using preceptorship for newly qualified nurses. Although factors are identified to support preceptorship such as understanding transitional shock, emotional responses and feedback, there are still inconsistencies in clinical settings. |
| Keywords: | Preceptor; Preceptorship; Newly qualified nurse; Student; primary care; General Practice Nurse |
| Additional Information: | |
| Question | Response |
| Have all named authors contributed to the article and reviewed and approved its content before submission? | Yes |
| Please confirm that you have read and agree to our Publisher's Agreement that is available here | Yes |
| Have you been asked by RCNi to write this article? | Yes |
| Have you submitted this manuscript elsewhere? | No |
| Has this manuscript already been published? | No |
| Do you have copyright for all the images, graphics and figures included with your submission? | No |
| What is the word count of your article including the abstract, body text, boxes, tables and figures, and references? | 4624 |
| Author Comments: | Please find attached my revised document |

Abstract

The demand on Primary care has increased, and General Practice Nurses are managing more complex patient needs. This is due to the ageing population and the increase in the prevalence of long-term conditions. It is therefore essential that as they keep rising, the focus is on retaining primary care staff using preceptorship for Newly Qualified Nurses. Although factors are identified to support preceptorship such as understanding transition shock, emotional responses and feedback, there are still inconsistencies in clinical settings.

Effective Preceptorship: can this improve the experience for Newly Qualified Nurses transitioning into primary care?

The Nursing and Midwifery Council (NMC) provides guidance that all Newly Qualified Nurses (NQN) start a period of preceptorship in addition to those who start a new job (NMC, 2019a). Despite this guidance, preceptorship programmes within primary care are an under-researched area within the United Kingdom (UK) with much of the research available from international studies (Halpin, 2015). Worldwide there are differences regarding programmes offered to newly qualified, for example NQNs within the United States are offered a nurse residency programme (Collard et al 2020), whilst those in Australia are offered GradConnect (Government of Western Australia Department of Health 2022). Although the same is not offered in the UK, the NMC have launched new principles for preceptorship to help employers build an effective package for newly qualified nurses (NMC 2020). As well as using these principles, organisations need to consider factors such as transition shock, emotions, practice education gap, feedback and how the willingness of nurses acting as preceptors can influence effective preceptorship.

Transition Shock

NQNs encounter a phenomenon known as 'transition shock,' during the transition from a student to registered nurse (Clipper & Cherry, 2015, Wakefield, 2018). Transition shock is thought to occur when an NQN learns what is expected of them as a qualified nurse and the

differences between their role as a student and one of a registered nurse. Preceptorship needs to include the ability to recognise transition shock and to enable nurses to offer support and assistance in building NQN's confidence and competence within the clinical area (Innes & Calleja, 2018). It is believed that the first twelve months after qualifying are associated with the most clinical errors (Martin & Wilson, 2011). If an experienced nurse makes a clinical mistake, they will, in most cases notice a decrease in confidence, for NQNs already experiencing transition shock, any mistake they make could profoundly have an impact on their confidence and their desire to continue as a nurse (Ortiz, 2016). It is already established that a portion of NQNs leave their role within the first twelve months (Edwards et al. 2015), in London alone, The Capital Nurse Scheme highlighted that 20% of NQNs leave within their first year (Health of Commons Health Committee, 2018), however across the UK it is thought that it could be as high as 30-60% (Lydall 2021). However, despite these figures there is limited research on why NQNs choose to leave.

Focusing on any new role can be stressful and nursing is considered one of the most stressful roles (Lipley 1998). Although it has been more than twenty years since the reference was published, there is still global support that nursing is one of the most stressful professions in the world. Nursing can be identified as a strenuous job with complex and complicated requirements, resulting in little authority and too much responsibility (Sarafis et al. 2016). There is a potential that little authority and too much responsibility is seen more commonly in primary care and the role of general practice nurse (Roberts 2016). This does not mean however, that this does not happen in secondary care but that there are differences amongst secondary and primary care and that the level of autonomy is significantly different, suggesting differing levels of responsibility and authority, again this will depend on the job role.

A General Practice Nurse requires a variety of skills such as adaptability, case management and autonomous practice. This does not mean that these skills are not used in secondary

care but are characteristics of those who work in primary care. Due to the characteristics of primary care those new to the environment, whether that be experienced nurses choosing primary care for the first time or those nurse that are newly qualified a detailed orientation programme as well as a preceptorship should be recommended. Providing an effective introduction and a primary care preceptorship programme will have a positive outcome for all involved.

Nursing as a profession is stressful and can be harmful to the development of a new qualified nurse without the right level of emotional support (Lipley 1998). Nursing is known as the 'caring profession,' and while many nurses show caring and compassion to their patients, there is a question of how caring and compassionate nurses are (Schoenly, 2020). Even though nursing is known to be an emotional career, in recent years there has been limited focus on providing emotional support to nurses. In March 2021, during the global Covid-19 pandemic NHS England launched the Professional Nurse Advocate (PNA) programme to enable nurses with the skills to facilitate restorative supervision to their colleagues (NHS England 2022). Although this is the first for nursing, midwife colleagues have been using the model with positive results for a period of time. Incorporating this role into a structured preceptorship program to support nurses could provide emotional support with the ideology of changing the culture of nursing to a culture that emotionally supports colleagues.

Emotions

It is important to realise that the transition process from student to qualified nurses can lead to a wide range of emotions, with many NQNs reporting feelings of stress, cynicism and anxiety related directly to their role transformation (Duchscher, 2009). There is a significant psychological impact in the first six months of qualifying whilst transitioning from a student to a qualified nurse which can bring enormous emotional strain as well as being accompanied

by the stark reality of being professionally accountable, a concept that one must know fully understand (Barrett, 2020).

The nursing workforce has many problems across both Primary and Secondary Sectors including staff shortages, and despite each year, many nurses qualifying and entering the register, many chose to leave. For NQNs who leave within twelve months of qualifying, stress and discontent are documented as responsible for those leaving (Edwards et al. 2015). Although the NHS is one of the world's largest employers, it faces a potential workforce crisis due to the high number of vacancies and turnover across the NHS (Worsley, 2019). Therefore, every effort should focus on retaining staff already working with the NHS and continuing to provide placements for student nurses to encourage them to work in the NHS, not the private sector. As well as those working in the NHS feeling the pressure, the public is also concerned about the impact that current pressures have on those working within the NHS, a survey conducted by Ipsos Mori Research (2016) found that 83% of participants say that employees within NHS are overworked.

Ideally all nurses would be protected against the emotional strain of being a nurse, but we do not live in an ideal world and nursing remains an emotional labour intensive profession (Kinman & Leggetter, 2016). However, support must be available to help all nurses cope with these emotions, especially for those new to the register. Despite nursing thought of as a female profession, since the launch of the 'We are the NHS' recruitment campaign there has been an increase of men aged eighteen applying for nursing, within the last ten years this has increased by more than 50% (NHS, 2019b). Despite looking at NQNs, it does not mean that those nurses who are already qualified are less important or immune to emotional support; instead, more needs to be done at the start of the nursing career and then continues throughout. Therefore, when a nurse starts a new role or employment period, support for the management of emotions and stressful situations should be crucial to their induction and preceptorship period to help adapt.

The introduction of a framework must be included to protect NQNs in the first 12 months of qualifying. An effective preceptorship program has a long-term positive impact on the confidence and readiness of NQNs and the retention of NQNs (Woodruff 2017). This must be a goal of the NHS given the current climate and number of nurses leaving the register, from March to September 2020 a total of 11615 nurses, midwives and nursing partners left the NMC register (NMC 2020a). The NMC surveyed 6,000 people to find out why they left the register and found that retirement was the main reason, followed by too much pressure, expectations, and pressure on responsibility (NMC, 2020b), it is worth noting this survey was completed prior to coronavirus.

Academia

There is a debate about whether academia is preparing nursing students for the role of qualified nurse or whether the role of a student nurse is one of protection compared to reality (Clipper and Cherry, 2015; Salifu et al. 2019). NQNs that must oversee care for complex patients while learning to organise their daily responsibilities can lead to transition shock, anxiety, and incompetence. It should be argued that this depends on the setting without denying that there is a difference between the role of a student and a qualified nurse. A day in the world of a General Practice Nurse is worlds apart from a nurse working in secondary care (Pearson, 2017). The role of a practice nurse is autonomy, seeing patients from infants to the elderly with complex diseases like respiratory and diabetics. Current university nursing training focuses on secondary care, especially in placement numbers (Lewis, Ibbotson and Kelly, 2019). Consequently, for NQNs who choose to work as a practice nurse after qualifying, their exposure to the role has been limited and have a lack of understanding of how General Practice works (Lewis, Ibbotson and Kelly 2019). It is therefore imperative that training be structured and supported throughout their induction in the event of qualification and continuous throughout their development so that they can learn the basic skills of a practice nurse.

There are distinctive challenges with clinical education which frequently exclude students from achieving a comprehensive understanding and undergoing all the necessary components of a professional nursing role (Jamshidi et al., 2016). Instead, this is not properly understood and experienced for the first time until they join the NMC register. It is therefore important to narrow the gap in academia to practice so that the difference between the positions of student nurses and the practice nurse is less pronounced to facilitate a smooth transition from student to qualified nurse (Salifu et al. 2019). Arguably student nurses have limited exposure to the work of General Practice Nurses because of the limited primary care placements available. It is uncommon that the first time some General Practice Nurses experience the role is on their first day of employment.

Willing preceptor

The transition from student to qualified nurse can be facilitated by the presence of an involved and willing preceptor who enables a strong basis for a successful preceptorship period (Phuma-Ngaiyaye et al., 2017). The role of the preceptor is intended to facilitate learning, set achievable goals, and encourage development, but a time frame is not offered, it raises a question of how long the preceptor's role should last (Skelley 2018). Nursing is a constantly evolving and evidence-based profession in which nurses continue to learn throughout their careers. This has been further compounded by the conditions set out by the revalidation requirements of the NMC (2019) and before that the introduction of the profession, which became an all-degree program in 2009 (Shepherd, 2009). This ensure at all nursing students are educated within universities which provides them with evidence-based theory to start their career as well as preparing them to lead and influence health services, delivery and policy making as well as high quality patient care.

Every nurse qualified for at least one year can act as a preceptor (Underdown, 2018), but is this enough time for nurses to consolidate their learning and experience in a specific area

before supporting NQNs? Preceptors need an appropriate level of knowledge and expertise to provide effective preceptorship to NQNs (Baldwin et al. 2020). This raises the question of whether twelve months post qualifying is enough to make you an expert and competent to act as a preceptor. Or whether after twelve months nurses are still considered juniors and lack the skills and experience to precept a NQN. Considering Benner's (1982), five stages from novice to expert (figure 1), a nurse completes the 'novice' stage whilst undertaking their training aligns. A novice is someone without any professional experience and that many nurses begin their qualified careers as a 'beginner' and can develop through the novice to expert stages. Despite the five stages, not all nurses can pass through them all. Experience does not make a nurse an expert, but the duration of working in an environment can create competence in this area, but not necessarily expert status (Benner 1982). This suggests that twelve months is simply not long enough for nurses to move from beginner to expert stage to effectively work as a preceptor.

Figure 1 Novice to Expert adapted from Benner 1982

| Novice | Advanced beginner | Competent | Proficient | Expert |
|---|--|--|---|---|
| <ul style="list-style-type: none"> •Nursing students | <ul style="list-style-type: none"> •Newly qualified nurses within their first roles | <ul style="list-style-type: none"> •Recognises patterns and nature of clinical situations quicker and more accurately than advanced beginners | <ul style="list-style-type: none"> •Nurses who can see the whole situation. Learns from experience | <ul style="list-style-type: none"> •Nurses who have an intuitive understanding of the situation based on deep knowledge and experience |

Although nurses who qualified twelve months ago may be more supportive because they remember how it felt when they first joined the register. Though, since there is no formal framework for nurses to follow regarding preceptorship, there is also no quality assurance that these nurses receive satisfactory training and are competent to act as a preceptor.

As well as a requirement of 12 months' qualification, a preceptor should be of the same specialty as their preceptee; however, this might not always be the case. For an area such as primary care, GP sizes range from a single run to a consortium of practices. Thus, for these larger practices, they will have access to a wider range of staff with skills so that they can act as preceptors compared to single-handed General Practices. Sheer scale of the practice can in turn cause a problem for GP's wanting to recruit newly qualified. Practice nurses need additional training when entering Primary Care and Practice Nursing due to the complexity and demands of patients. However, this training takes a long time and undoubtedly reduces the time spent with patient contact at the beginning of employment; however, this development is essential to enable practice nurses to learn the skills to do their job competently. Previously, some General Practices were reluctant to release nurses for further training and development. However, as the pressure on primary care continues to increase, more emphasis has been placed on the role of the General Practice Nurse and Advanced Nurse Practitioners reducing some of the burden on General Practitioners. Therefore, the support and encouragement for development of General Practice Nurses is more readily accepted by GP's than it has in the past (Ford, 2015).

The main duty of the preceptor is to ensure patient safety while the NQN increases clinical knowledge and experience (Power et al. 2019). Preceptorship should be a safe time for NQNs to further develop their skills with confidence that they have an expert to whom they can seek help and without fear of failure. It is widely understood that NQNs are not expected to know everything, and despite three years of training, nurses continue to learn throughout their career. A period of preceptorship allows NQNs to further develop the skills they already have and acquire specific skills for their role. This is paramount within General Practice Nursing as most NQNs do not possess the skill set needed to work as a competent general practice nurse straight from qualifying. Instead, they must observe and shadow a competent and qualified nurse to learn the necessary skills.

Preceptors should be properly informed of what is expected of the role and support so that they can successfully support new nurses (Skelley, 2018). For any nurse working as a preceptor, they need to be ready for role (Bowles & Candela, 2005; Casey et al., 2004; Leigh et al., 2005), however, despite the recommendation of readiness, very few details are offered as to what this should include.

Enthusiasm and talent for the role is crucial to the delivery of effective preceptorship, which makes it successful for both the preceptee and preceptor. Nurses who are designated as preceptors are usually skilled and have the requisite skills for the role after all working as a preceptor is a learnt skill and not all nurses possess this skill (Forneris & Peden-McAlpine, 2009, Bengtsson & Carlson, 2015). Therefore, nurses should be encouraged into a preceptor role and not forced. Instead it is best to work with those nurses who are motivated to act as a preceptor to aid the transition of newly qualified nurses.

Preceptors need to be knowledgeable and supportive, as this is the key to keeping nurses in longer positions (Barrett, 2020). NQNs must feel that they belong, and by working with a supportive preceptor, this can enable these feelings and make NQNs feel part of the team. Insisting on nurses who do not want to be preceptors can lead to inconsistencies in their leadership and could lead to discontent and pessimism. Nurses not interested in the role of preceptorship negatively impact the development of NQNs (Washington, 2013).

NQNs described conflicts with their preceptors because of character differences and spent insufficient time with their appointed preceptor due to various issues such as rota and staffing problems (Wain 2017). Personality conflicts and discrepancies in the age pairings of preceptors and preceptees can also lead to unsuccessful preceptorship. As younger nurses enter the profession it is inevitable that they are likely to work with nurses older than themselves and there is a potential that those they work with may not hold a nursing degree as this was not introduced as an all-degree profession until 2009 (Shepherd, 2009). There is

a concern that those that do not hold a degree or do not feel that a degree is warranted for nursing could potentially see those nurses with a degree more unfavourably and in fact place higher expectations on them which in turn could lead to nurses opting to leave the profession.

Preceptors usually spend short periods of time with NQNs before acting as someone else's preceptor. This can create problems for both the preceptor and the preceptee with support. For certain preceptors it will feel like a revolving process, they work alongside a NQN to get them accustomed to the clinic area and then when another new member of staff starts, they move on to the next one to start the process all over again, often without a break. This can add unnecessary stress to the preceptor, especially if they did not want the role, and since there is no specific training required to act as a preceptor, the role is sometimes not fully understood or appreciated (Nottingham, 2015). There is a potential that this could be more evident in General Practice, especially in smaller practices with small or single nurse teams.

Feedback

NQNs need recurring as well as routine feedback to help them grow professionally and strengthen their practice (Richards & Boweles, 2012). Feedback was described as reassurance and support, and when nurses received support and proper feedback, confidence and job satisfaction and increased patient outcomes improved (Ford, 2007, Hardevella et al. 2017).

In comparison, the lack of feedback could lead to errors in the transition from a NQN to a competent nurse (Ende 1983). If feedback is not given to a NQN, they may assume that what they are doing is correct, even if not and will continue to practice the same way (Hardevella et al. 2017). This can negatively impact the NQN overall as they will have a false perception of their skills and skills. Feedback, especially constructive feedback, is not easy

and is a skill that not everyone has (Duffy 2012). Constructive feedback is often perceived as negative as it is usually focused on promoting a change in behavior.

Positive feedback, however, is not always given in a timely manner and opportunities are missed to give feedback, leaving NQNs unsure if they meet expectations. If these opportunities are not seized, nurses begin to feel deflated because they only begin to receive negative/ constructive feedback and can aggravate negative feelings.

Conclusion

All nurses are subjected to multiple stresses due to the profession's requirements (Sarafis et al. 2016) but those newly qualified might feel it more. NQNs who opt to work as General Practice Nurses can experience transitional shock while adapting to change from student to registered nurse. Preceptorship is recommended to help this transition; for preceptorship to be successful and effective, it is necessary for the preceptor to play a role that can immerse the new nurse in the team's culture as well as bridging the academic and practice gap (Quek and Shorey, 2018). It also requires nurses to understand the emotions that new nurses will experience in the first twelve months and how best to support them to develop into well-rounded competent general practice nurses.

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page 2 - what proportion of NQN leave the profession in the first 12 months?

New sentences - it has already been established that a portion of newly qualified nurses leave their role within the first twelve months Edwards et al. (2015). In London alone, The Capital Nurse Scheme highlighted that 20% of newly qualified nurses leave within the first year (The nursing workforce 2018), across the UK this could be as high as 30-60% (Lydall 2021). However, despite these numbers there is limited research on the reasons why newly qualified nurses are opting to leave.

page 5 - you quote Woodruff (2017) more detail on this would be interesting Is there any evidence that preceptorship helps retention?

An effective preceptorship program has a long-term positive effect on the confidence and readiness of newly qualified nurses and the retention of newly qualified nurses (Woodruff 2017).

On page 5 I am not sure I would describe being a practice nurse as lonely, I appreciate they do work on their own and can be isolated without the right support but this is quite negative

New sentence - The role of a practice nurse is one of autonomy, I have removed lonely and changed to one of autonomy

Reviewer #2:

Provide a clear introduction and specific aims/objectives which you can review on completion to ensure they have been addressed.

Changed introduction - The Nursing and Midwifery Council (NMC) provide guidance that all Newly Qualified Nurses begin a period of preceptorship in addition to those who start a new job (NMC, 2019a). Despite this, the use of preceptorship programmes within primary care is an under researched area within the United Kingdom with much of the research available from international studies (Halpin, 2015). There are also differences worldwide in relation to the programmes offered to newly qualified for instance, newly qualified nurses within the United States are offered a nurse residency programme (Collard et al 2020). Although this is not offered in the UK, there are factors that can aid in the preceptorship for newly qualified nurses.

You discuss 'stress' but make no mention of the global pandemic we are currently living with. This has affected (and continues to affect) Practice Nursing/Primary Care and will affect how preceptorship is implemented.

Due to word limit have not gone into detail regarding Covid-19 but looked at stress as a whole within nursing and not specified

Some terminology may need to be amended. For example you state 'qualifying' rather than 'registering' as a nurse. Also you suggest student nurses care for mainly 'stable' patients which is incorrect.

Opting to continue with qualifying rather than registering as a terminology. This discussion is about newly qualified nurses.

I have removed the sentence regarding student nurses caring for mainly stable patients

Some of your statements are very opinion based. These need to be supported by appropriate literature. For example you state there seems to be no focus on providing emotional support, yet networks are available (such as professional advocacy and clinical supervision), and is part of all organisations commitment to staff.

Changed and added extra 'In March 2021, during the global Covid-19 pandemic NHS England launched the Professional Nurse Advocate (PNA) programme to enable nurses with the skills to facilitate restorative supervision to their colleagues (NHS England 2022). Although this is a first for

nursing, midwifery colleagues have used the model for a period of time with positive outcomes. Incorporating this role into a structured preceptorship programme for supporting nurses could provide emotional support with the ideology of changing nursing culture to one that emotionally supports colleagues.'

You also state that current university training focuses primarily on secondary care, especially when it comes to placement numbers. Again this is not substantiated and is not the case within many Universities. Your 'willing preceptor' section needs further consideration as your discussion is unclear.

Referenced point about placement numbers, 'Current university nursing training focuses primarily on secondary care, especially when it comes to placement numbers (Lewis, Ibbotson and Kelly, 2019)'

On page 7 you discuss a nurse can be a mentor if they have been qualified for one year. The term mentor is no longer used in this situation and you suggest it requires formal qualifications. It would be useful to read the NMC Standards for Supervision and Assessment so you are clear on terms for your reader.

Have changed the word mentor to preceptor as the original was incorrect.

Reviewer #1: No: In the main the article is well written but I think the title and introduction could be stronger. By the end of the article I felt I understood the aims but I did not get that from the title or the introduction. Suggested title 'Effective Preceptorship: can this improve the experience for nurses transitioning into primary care'. A clearer introduction would guide the reader. For example I wasn't sure if you are writing about NQN or any nurse moving into practice nursing I agree and have changed the title.

Changed introduction - The Nursing and Midwifery Council (NMC) provide guidance that all Newly Qualified Nurses begin a period of preceptorship in addition to those who start a new job (NMC, 2019a). Despite this, the use of preceptorship programmes within primary care is an under researched area within the United Kingdom with much of the research available from international studies (Halpin, 2015). There are also differences worldwide in relation to the programmes offered to newly qualified for instance, newly qualified nurses within the United States are offered a nurse residency programme (Collard et al 2020). Although this is not offered in the UK, there are factors that can aid in the preceptorship for newly qualified nurses.

Reviewer #2: No: Although the paper content is clearly written, it currently reads as an essay. Some bullet points and/or tables will help the reader to understand the recommendations and action required in their role to implement and support effective preceptorship.

Added a table to demonstrate novice to expert

Figure 1 Novice to Expert adapted from Benner 1982

| Novice | Advanced beginner | Competent | Proficient | Expert |
|---|---|--|---|---|
| <ul style="list-style-type: none"> •Nursing students | <ul style="list-style-type: none"> •Newly qualigfied nurses within their first roles | <ul style="list-style-type: none"> •Recognises patterns and nature of clinical situations quicker and more accurately then advanced beginners | <ul style="list-style-type: none"> •Nurses who can see the whole situation. Learns from experience | <ul style="list-style-type: none"> •Nurses who have an intuitive understanding of the situation based on deep knowledge and experience |

Is there an appropriate review of current and past literature?

Reviewer #2: No: The author considers some useful literature but there a wealth of more current preceptorship and mentorship literature available. Some of the sources used in this paper are quite dated. I would suggest reading the integrative review by Analisa Smythe and Vanda Carter (2022) The Experiences and Perceptions of Newly Qualified Nurses in the UK: An Integrative Literature Review, Nurse Education in Practice.

Is the article presented in an accessible and interesting style?

Reviewer #2: No: The paper is accessible and well written but needs some breaks in the text to maintain the readers interest (clear bullet points for recommendations/tables as mentioned above)

Repeated point from above, answered already.

I have changed sentences throughout the article and altered the introduction and conclusion

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|---|---|--|---|---|
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