

Factors Related to Citing from Preceptorship Competence: A Systematic Review

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Riwayat artikel

Diajukan: 3 Agustus 2019
Diterima: 28 Maret 2020

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Kata Kunci:

*Preceptorship, preceptor,
competency*

Abstract

Introduction Preceptorship is a learning method that involves more experience in conveying their knowledge to someone who is less experienced. In this article, the authors conducted a relevant systematic review in various data used the keywords “preceptorship,” transition and article thinking”. Data based on SCOPUS, Science Direct, Proquest, Pubmed, and Google Scholar. The criteria consisted of the full text published in five years limit journal (2013-2018) and used the article in English. The results as much as 1517 articles found, and selected 15 article that suitable with criteria. **Aim:** The purpose of this study is to analyze factors that affect the implementation of preceptorship in the hospital and to give the recommendation of monitoring and evaluation preceptorship as well. **Method:** Papers were critically reviewed and relevant data were extracted and synthesized using an approach based on preferred reporting items for systematic reviews and Meta-Analysis (PRISMA). **Result:** These factors include the level of education, experience, support, guiding model, and work environment

INTRODUCTION

Preceptorship is a learning method that involves more experience in conveying their knowledge to someone who is less experienced¹. A preceptor becomes a model or role model in preceptorship activities while simultaneously providing expert advice to the precepts². The form of preceptorship is in the form of advice relating to practice in the workplace including role models in one-to-one groups and organizations³. Preceptorship is a very important part of a hospital organization that is applied during new employee orientation, mutation, and rotation, as well as guidance for school students who undergo fieldwork practices.

In the implementation of preceptorship, there are often various obstacles among others unrecognized preceptor's guidance schedules that not match with a work time of preceptor unbalanced preceptors ratios with precepts lack of

understanding of learning methods and bad work environment⁴. Based on research at the University of Newcastle, new nurses admitted that they were stressed in adapting, namely a lack of communication with the health team in their new works⁵.

In his study revealed that new nurses after completing the orientation period still need support through the program preceptorship and increasing retention of new nurses by 29% (from 60% to 89%) and 9,5% decreasing nurses vacancies⁶.

Preceptors in hospitals need to carry out an evaluate the implementation because there are still problems with the guidance system, the requirement as a supervisor, besides that it requires as a supervisor, besides that it requires an increase in the quality and competency of the preceptor to produce competent preceptor⁷.

Based on this phenomenon, the authors are interested in conducting further

(Chandra, F, et al, 2020)

analysis related to various factors that influence the application of preceptorship in his hospitals⁸. Therefore, this systematic review aims to identify age-friendly health systems for the elderly.

Material and Methods

This systematic review was reported by the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) Statement⁶.

2.1 Data Sources and Searches

Databased searched from SCOPUS, Science Direct, Proquest, Pubmed, and Google Scholar provide studies related to identifying age-friendly health systems for the elderly, determined from 2013 to 2019.

2.2 Study Selection

The studies selected by inclusion criteria were open access, cross-sectional and qualitative study with elderly participants, full-text articles, English language and we excluded studies with non-elderly participants, and study protocols.

2.3 Data extraction and quality assessment

All citations retrieve from electronic databases that imported to Mendeley Program. Two reviewers (BU, SNK) independently analyzed the titles and abstracts of every study retrieved from the literature search to identify potentially eligible studies. The full text of the remaining studies obtains for further examination. The last review conducted by a first reviewer (TPD).

In this article, the authors conducted a relevant systematic review in variously of data used the keywords "age-friendly", "health system", "elderly". Data of studies were independently extracted by the same two reviewers by including the first author's name, year of publication, sample size, study design, duration of the trial, general characteristics of participants (age and gender). A detail description of age-friendly health system. WHO's guidelines as the main outcome of this systematic review.

Result

3.1 Study Size

We conducted identification of 567 studies in database sources. Seven duplicate studies

were excluded continued by 401 studies due to non-elderly participants, irrelevant studies and study protocols. The six remain studies included in the current systematic review.

3.2 Study Characteristics

Data were extracted from each study that needed the requirements. The extracted data included the characteristics of the study, characteristics of the age-friendly health system, characteristics of the results and summary of results.

The Standard protocol for selecting studies as suggested in the systematic review method guide, PRISMA. The steps taken are:

1. Removal of duplication
2. Examination independently of titles, abstracts and keywords and delete citations that were not relevant according to the inclusion criteria,
3. If the title and abstract likely by the inclusion criteria and the objectives of the systematic review, the next step was the selection of journals with full text.
4. The final step was the selection of articles

Discussion

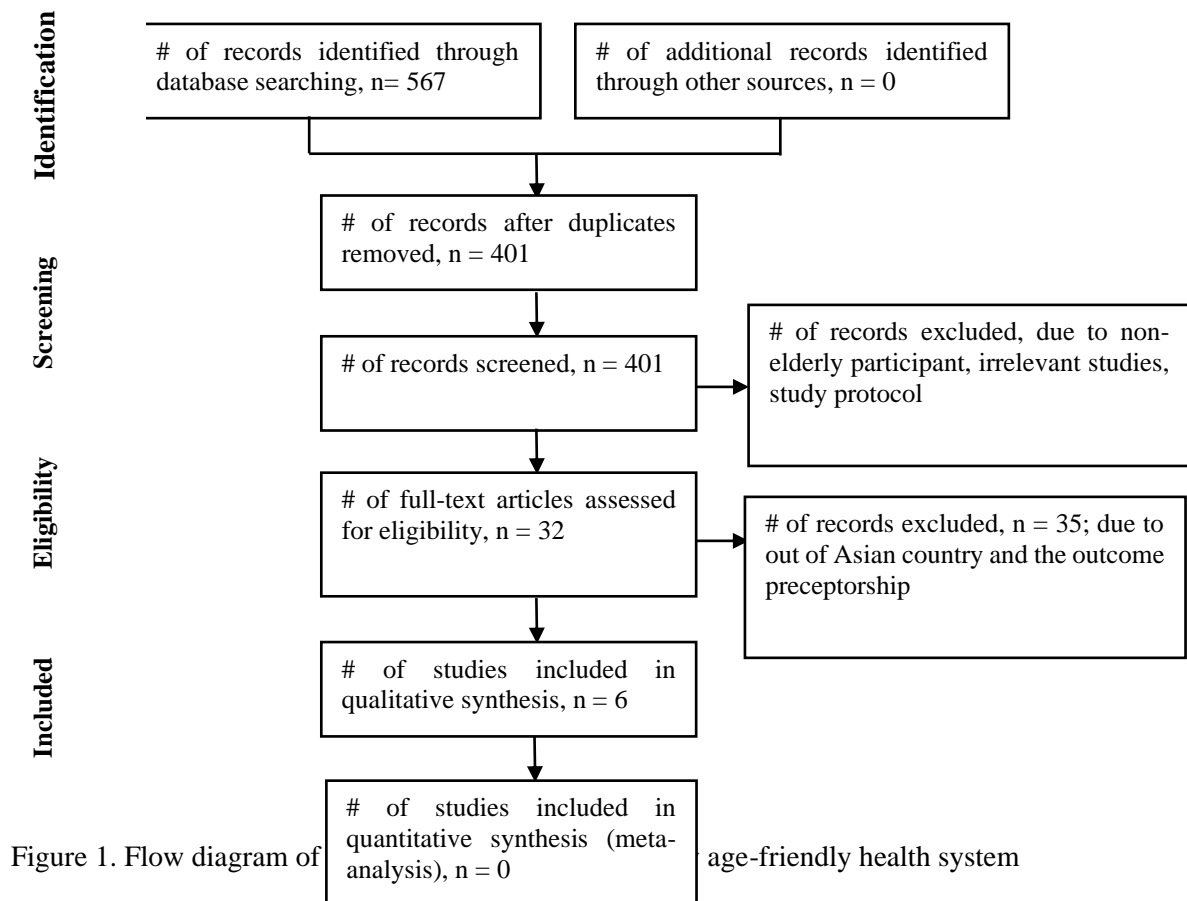
The Study explains the problems that arise in the guidance process of the undergraduate students in hospitals, namely the use of language and instruments that are less objective in evaluating student competencies⁴.

It Suggests the use of portfolio applications that can be easily accessed by a nursing undergraduate student so that the ease of access makes students motivated in the preceptorship process⁹.

Explained that for postgraduate students, care should be focused on guidance on increasing self-confidence and specific competencies by the specialization of the program¹⁰. Explains how to organize and prioritize work, communication, and leadership for postgraduate students.

Based on the research, it can be concluded that the preceptor education level influences the guidance or preceptorship process¹¹. Preceptors must be able to analyze the competencies that must be achieved by precepts so they can optimize ability,

creativity, and innovation during the preceptorship period³



age-friendly health system instrument that is often used is the Clinical Teaching Behaviour Inventory (CTBI)

Implication

Based on the research, it can be concluded that the work environment has a positive impact on precepts to form a conducive work environment as s good provision if they become employees in a company.

Conclusion

Systematic reviews obtained from 15 medical journals showed various factors that influence. These factors include the level of education, experience, support, guiding model, and work environment. The type of

3.4 Description of the study characteristics, outcome, measurement, interventions and results.

	First Author (Year)		Study Characteristic 1. Design 2. Sample	Outcome and Measurement	Intervention 1. Treatment group(s) 2. Type, dose, frequency and administration method 3. Duration per session/Total number of sessions/Total Duration of intervention	Results
1	(Stone, Cooper & Cant 2013)	Nursing students participation and degree of involvement in essential nursing a. Nursing standart, 2013) activities during their clinical practice in hospital setting	1. Cross Sectional 2. 564	Age-friendly PHCCs toolkit of the WHO	-	The degree of nursing students involvement in a widw range of nursing activities is related to the year and the discipline of nursing studies
2	(Ravanipour, Bahreini & Ravanipour 2015)	Exporing nursing student experience of peer learning in clinical practice	1. <i>Cross sectional</i> and Qualitative 2. Sample a. <i>Cross</i> <i>sectional</i> : 558 b. Qualitative : 32	<i>Age friendly</i> <i>cities 8 domain</i> <i>WHO</i> <i>framework</i>	-	The analysis identified 4 themes: 1.paradoxical dualism 2.peer exploitation 3.first learningeficecy 4.socialization practice
3	(Peyman, Sadeghifar, Khajavikhan,	Learning style preference of undergraduated	1. Survey 2. 9965	Learning style	-	The reflector is the preferred learning style of undergraduated nursing student

	Yasemi, Rasool, Yaghoubi, Mohammad Hassan Nahal & Karim (2014)	nursing students				
4	(Dolotallas & Nagtalon 2015)	The effect of experiential learning approach on the students performance in Filipino	Qualitative	Experiential learning students performance	-	There was a significant difference in achievement between the experimental and control group in the first and second grading
5	(Chmil, Turk, Adamson & Larew 2015)	Effects on of an experiential learning simulation design on clinical nursing judgment development	Qualitative	Nursing judgment nursing competence experiential learning	-	Using an experiential learning simulation design results in more highly developed nursing judgment and competency in simulation performance
6	(Manninen 2016)	Authenticity in learning nursing student experiences at a clinical education ward	Qualitative	Students experiences	-	The most important component in students learning are mutual relationship and a sense of belongingness

Reference

- Carmel et.al. (2014). *How to grow our own: An evaluation of preceptorship in New Zealand graduate nurse programmes*. [http:// dx. doi. org/10.5172/conu.2013.43.2.162](http://dx.doi.org/10.5172/conu.2013.43.2.162)
- Chi Pi Chang. et.al. (2016). *Clinical nurse preceptors' perception of e-portfolio use for undergraduate students*. *Journal of Professional Nursing*. <http://dx.doi.org/10.1016/j.profnurs.2016.11.001>
- Chen & Mei. (2013). The effectiveness and application of mentorship programmes for recently registered nurses: a systematic review. *Journal of Nursing Management*, 2014, 22, pp 433–442
- Eimear et al. (2016). Preceptors' experiences of using a competence assessment tool to assess undergraduate nursing students. *Nurse Education in Practice*. [http:// dx.doi.org/10.1016/j.nepr.2016.01.004](http://dx.doi.org/10.1016/j.nepr.2016.01.004)
- Hellen et al. (2016). Delegation and supervision of healthcare assistants' work in the daily management of uncertainty and the unexpected in clinical practice: invisible learning among newly qualified nurses. *Nursing Inquiry* 2016, pp 1-9. <https://wileyonlinelibrary.com/journal/nin>
- Jane Lee-Hsieh. et.al. (2016). The development and validation of the Clinical Teaching Behavior Inventory (CTBI-23): Nurse preceptors' and new graduate nurses' perceptions of precepting. www.elsevier.com/nedt. *Nurse Education Today* 38 (2016), pp 107-114
- Kristiina & Martha. (2007). Changes in the preceptor role: re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *JAN Original research*
- Lazarus, Judy. (2016). Precepting IOI : Teaching Strategies and Tips For Success Perceptors. *Journal of Midwifery & Women's Health*. 1526-9523/09/\$36.00 doi:10.1111/jmwh.
- Mary A et al. (2015). Preceptor Support in Hospital Transition to Practice Programs. *The Journal of Nursing Administration (The JONA)*. 45(12), pp 642-649
- Susan & Chad. (2010). Preliminary outcomes of a local residency programme for new graduate registered nurses. *Journal of Nursing Management*, 2010, 18, pp 96–104
- Susan & Cinthya (2009). Creating context for critical thinking in practice: the role of the Preceptor. *Journal of Advanced Nursing*. 65(8), pp 1715–1724. doi: 10.1111/j.1365-2648.2009.05031.x
- Anderson, C., Moxham, L. & Broadbent, M.. (2016). Providing support to nursing students in the clinical environment: a nursing standard requirement. *Contemporary Nurse*, 52(5), pp.636–642.
- Carlson, E. & Bengtsson, M. (2015). Perceptions of preceptorship in clinical practice after completion of a continuous professional development course- a qualitative study Part II. *BMC Nursing*, 14(1), pp.1–7. <http://dx.doi.org/10.1186/s12912-015-0092-8>.
- Haggerty, C., Holloway, K. & Wilson, D. (2013). How to grow our own: An evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemporary Nurse*.
- Harrison-White, K. & Simons, J. (2013). Preceptorship: ensuring the best possible start for new nurses. In: *Nursing Children and Young People*.
- Hyrkas, E.K., Linscott, D.A. & Rhudy, Jr., J.P. (2014). Evaluating preceptors' and preceptees' satisfaction concerning preceptorship and the preceptor-preceptee relationship. *Journal of Nursing Education and Practice*.
- Kantar, L.D. (2014). *Clinical Practice of New Nurse Graduates in Lebanon : Challenges and Perspectives Through the Eyes of Preceptors*. , (November).