“This is nursing”: Nursing roles as mediated by precepting nurses during clinical practice

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SUMMARY

In nursing education, it has been argued that professional socialization is facilitated by clinical experiences where students work together with precepting nurses. However, few studies have focused on how nurses think and act as preceptors, hence providing a base for professional socialization to occur. Therefore; this study aimed to describe how preceptors mediated nursing as a profession to undergraduate nursing students during clinical practice.

This was an ethnographic study guided by symbolic interactionism. A purposeful sampling of 13 precepting nurses was observed during the field work period. In addition, 16 staff nurses, purposively selected, and experienced in precepting, participated in focus group interviews. All text from field notes and interviews were read as a whole and analyzed following the ethnographic approach. Findings illustrated how nursing was mediated as the medical–technical, the administrative, and the caring role. Preceptors aimed for professionalism in their students by teaching the students to reflect on what they can do independently as nurses. Preceptors strived to verbalise their practical knowledge to make theory explicit and contextualize to student nurses. This knowledge can guide implementation of preceptor programmes focusing on the meaning and implications of professionalism.

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Introduction

In nursing education, the development of professional identity and hence socialization into the discipline has been described to be strengthened by clinical experiences where the student work together with a preceptor (Jackson and Mannix, 2001). Other studies have shown that working with a preceptor will help students to uncover tacit knowledge embedded in clinical practice (Murray and Main, 2005), and support the students’ professional development (Fitzpatrick et al., 1996). During this process, a sense of professional identity is internalized through interaction with the neophyte and the experienced professional (Goldenberg and Iwasiw, 1993). In the seminal work by Merton (1968), professional socialization is defined as the process where individuals actively gain skills and knowledge, values and attitudes in a group they seek to become a member of. Since few studies found, have focused on how nursing as a profession is mediated by preceptors during clinical practice it, seemed important to further explore this area as it is known that preceptors influence professional socialization of student nurses.

Literature review

A review of the literature of professional socialization in nursing education reveals that quite substantial research has been made from a student perspective. Professional socialization for nursing students has been described as an act of balance, finding a way to fit in appropriately, while moving between the diverse and sometimes conflicting values of the colleges of nursing and the health care organizations (Melia, 1984; Mooney, 2007). In a survey by Rush et al. (2009), findings indicated that preceptors exerted the strongest influence on the students’ self perception as insiders and hence the adaption to a practice culture. It needs to be noted that professional socialization might lead to negative consequences, leading to imitative and observational forms of learning with the risk of students internalizing poor practice. According to Henderson (2002), nurses develop their social identity and nursing role through the influence of senior role models, in particular the way senior nurses provide care, even if this is contradictory to what has been taught in class rooms. Similar findings were reported in a longitudinal descriptive and qualitative study where Mackintosh (2006) described indications of how the student nurses’ views and attitudes towards care and caring for patients changed in a negative way, with increasing experiences from clinical practice, which in part could be attributed to professional socialization. Conclusively; the impact of clinical practice and professional socialization of student nurses appears to be an area where the existing
body of knowledge is quite substantial. What seems to be scarce though, are studies describing how preceptors mediate knowledge, skills and values hence constituting a base for professional socialization to occur.

**Aim**

The aim of this study was to describe how preceptors mediate nursing as a profession to undergraduate nursing students during clinical practice.

**Method**

The research design for this study was ethnography, guided by symbolic interactionism implying that meaning arises in interaction with significant others (Blumer, 1969). Ethnography has previously been used to explore how nursing students describe the profession during nursing education (Andersson 1993), how nursing culture shape the behaviours of newly graduated nurses (Hinds and Harley, 2001), and how preceptors teach during clinical practice (Carlson et al., 2009). Thus, the chosen approach was seen as appropriate enabling in depth studies of cultural behaviour (Hammersley and Atkinson, 2007).

**Data collection and participants**

The field work was performed in a Swedish educational and clinical context, at one cardiology ward, and one general surgical ward. The chosen wards are large clinical practice settings and accept somewhere between 16 and 20 nursing students each year for five to ten week long placements. Hence, it was assumed that the wards would provide ample opportunities to observe interactions between preceptors and nursing students. The field work covers morning and evening shifts, amounting to 120 h. All registered nurses who were precepting undergraduate student nurses were purposively selected and considered to be information rich participants (Lincoln and Guba, 1985). Thus, 13 precepting nurses were observed during the six months of field work, with the researcher (first author) strictly taking the role as an observer. Observations were focused around all interactions between preceptor and student nurse, which allowed the researcher to explore a rich variety of precepting activities. When an observed situation needed clarification, informal ethnographic interviews were performed (Spradley, 1980). Extensive observational and reflective field notes were written down during observations and informal interviews. After each completed session in the field, the notes were transcribed into a neat copy to guide coming observations and analysis.

In addition to field work, focus group interviews were conducted in order to deepen the understanding of the emerging findings. This method captures interaction between participants who share experiences and perspectives (Freeman, 2006). With the help of faculty teachers acting as gate keepers, 16 staff nurses purposively selected, and experienced in precepting, participated in focus group interviews.

The participants could choose from a variety of interview dates, thus forming four groups (4 + 4 + 6 + 2). As the emerging data was continuously compared to preliminary analysis of field notes, a sense of saturation was reached after the third group. The last group though small, confirmed the previous findings, and it was decided that four group interviews with this specific population were sufficient.

The interviews were held, either at the hospital were the preceptors worked or at the university where the first author works, subject to participant convenience. Interviews were conducted by using a digital voice-recorder and lasted in an average of 72 min.

Participating nurses and their students were given oral and written information allowing them to make an informed decision about participating, hence informed consent was obtained. To assure patients of their confidentiality they were asked for permission before the researcher entered a patient room. No situations requiring the researcher to withdraw from a room occurred though. The study has been performed in accordance with the principals of research ethics in Sweden and ethical approval was granted from the Regional Board of Ethical vetting in Southern Sweden (Dnr 590/2006).

**Data analysis**

Analysis was done following the ethnographic approach where data collection and analysis are simultaneous (Hammersley and Atkinson, 2007). Transcribed text from field notes and focus group interviews were read repeatedly as a whole by the first author. While reading, patterns of behaviour illustrating how preceptors were mediating nursing as a profession were identified and sorted into coded subcategories. The meaning of each subcategory was explained and clarified, and in line with the tradition of naturalistic inquiry (Lincoln and Guba, 1985) was developed inductively (Table 1). During the entire analysis process the emerging findings were checked and discussed among the authors until agreement was reached to ensure credibility.

**Findings**

Findings show how preceptors aimed for professionalism and confidence in their students, and how they stressed the importance for students to understand nursing as a profession to be proud of. On the more pragmatic side, preceptors aimed for their students to become good and competent nurses with the knowledge, skills and values necessary for the nursing roles identified in this study (Table 2). Data will be presented as quotes from field notes and interviews where P indicates preceptor.

**The medical and technical role**

During field work it became evident that the medical and technical role form a large part of the nurses’ daily work. Practical skills included situations where the preceptor let the student practice techniques

<table>
<thead>
<tr>
<th>Pattern of behaviour</th>
<th>Subcategory</th>
<th>Meaning (explain and clarify)</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preceptor and the student are busy preparing for a blood sample, collecting everything they will need. (Field note, March 2007)</td>
<td>Practical skills</td>
<td>Include situations where the preceptor let the student practice e.g. blood sampling, injection techniques, blood pressure controls</td>
<td>Medical and technical role</td>
</tr>
<tr>
<td>/... The preceptor then asks “What do we need to do now” The student answers “Of course the planned X-ray” /... The preceptor concludes “Good prioritizing is important” (Field note, March 2007)</td>
<td>Plan and prioritize</td>
<td>Include situations where preceptors and students plan, prioritize, and assess nursing care</td>
<td>Administrative role</td>
</tr>
<tr>
<td>The preceptor removes the dressing, and tells the student nurse “It is really important to look beneath the dressing, look here, no bruising, no swelling, no sign of infection. This is how a healing wound should look like.” (Field note, November 2006)</td>
<td>Clinical eye</td>
<td>Include situations where preceptors verbalise tacit and personal knowledge to facilitate development of their students’ experience based knowledge</td>
<td>Caring role</td>
</tr>
</tbody>
</table>
such as blood sampling, injections of various kinds, catheterization, handling of peripheral and central venous catheter, handling of gastric tubes and drug administration. Being proficient and confident when performing these tasks were considered to be central for nurses, and preceptors were aware that many students are apprehensive of not having practised enough technical skills:

“Some students are so tense before they have managed a peripheral venous catheter, so we just start by doing that, such a practical thing and then it’s over and done with” (P 2).

Most of the medical and technical techniques may only be carried out by a registered nurse due to regulations stated by The Swedish National Board of Health and Welfare. Therefore, when preceptors taught practical skills they could use these sessions to emphasize the coming profession by enhancing a responsibility confined to the nursing profession. This can be illustrated by the following field note, when one of the preceptors and a student prepared a blood transfusion:

“The preceptor explains quite sternly to the student: Blood transfusions, this is something only nurses are allowed to do, not auxiliary nurses” (Field note).

Yet another distinct responsibility confined to the nursing profession can be exemplified by the keys to the medical dispensers and to the locked rooms containing the drugs. Only registered nurses are allowed to carry the keys, and they are almost ritually handed over to the next nurse between the shifts. 

*Tricks of the trade* described experience based practical skills that cannot be learnt from text books. Becoming competent and eventually master these skills were considered trademarks of the good nurse. Tricks of the trade might differ from what students have learnt in school, and was usually a question of making things easier and more efficient without compromising hygiene routines or other safety standards. These practical skills often equalled embodied knowledge or skilful hands, and were taught by preceptors using perceptual teaching techniques. This can be illustrated by a field note where a preceptor and a student are about to take a blood sample. The preceptor explains what she is doing while feeling the patient’s arm for a suitable vein:

“You can feel around a bit, trying to decide what vein might be good, you don’t always have to use the veins in the crook of the arm even if that is what you have learnt, look further down, closer to the hand or the hand itself. You have to feel the vein and decide this is a good vein” (Field note).

When performing medical–technical skills together with the students preceptors sometimes used occupational language. During field work, several situations were overheard when nurses used abbreviations or phrasings understandable only to those working in that specific clinical context. Next field note illustrates a situation from the cardiology ward where a preceptor explained why the student had to take another blood sample:

“You need to take a new blood sample, this patient has positive markers that hasn’t turned” (Field note).

For nurses experienced in cardiac care this is understood without explanations. For the student the statement has to be translated into more familiar expressions, explaining that positive markers are enzymes analyzed from a blood sample indicating possible myocardial infarction.

The administrative role

*Report and document* was an important part of daily work. Nurses are responsible for the documentation of nursing care, as they plan, prioritize and assess nursing interventions. The documentation of nursing interventions involved verbal and written reports to colleagues and other health care personnel. Preceptors taught students nursing diagnosis and vocabulary specific for the speciality where the students underwent their clinical practice. Once again, the meaning of occupational language and how important it was for preceptors to assure themselves that their students learnt the language became clear:

“Preceptor 13 explains: Well, I recently worked with a student from Ukraine, and it suddenly struck me that we use a lot of invented abbreviations, really just useable where I work, Preceptor 14 continues: Mm, and for you in cardiac care, PM is one thing, but for me it is something completely different” (Focus group 3).

Clinical patient work evolved around medical practice, and was organized through daily rounds led by the consultant or the senior registrar, hence reinforcing a medical hierarchy. During daily rounds the nurse had an administrative role, supplying current information about the patients. This information could stretch from laboratory reports to reactions to drugs, from patients’ home environment and social care needs to the status of a present pressure wound. To handle this role is quite complex, and it is one of the few practical skills not practised in a class room setting prior to clinical practice. Thus, when preceptors let their students practice the administrative role during rounds it was important to inform the consultant that the student was in charge and responsible for the patients:

“The preceptors explains to the consultant “Maria, my student nurse is responsible for this patient.” The consultant nods in agreement and turns to the student: “How is the patient today? Have we got all the current blood stats?” To this the student answers: “Everything is ok, the wound looks good, and the patient has been up and about this morning.” During this conversation, between consultant and student, the preceptor has been standing silently close by” (Field note).

*Planning and prioritizing* was another essential part of nursing work, as the clinical environment was very busy. In addition, nurses are team leaders for auxiliary nurses and responsible for organizing collaboration with other health and social care services. Preceptors described how a good nurse should behave by being in control, in the centre of activities on the ward, acting as a communication central for staff, patients, and families. This was discussed in one the focus groups as something abstract and difficult to teach to students:

“Preceptor 2 starts by saying: Mm, it’s really hard...injections and practical things...a lot of students can do that, but to be in control, in the midst of things, that is really difficult. To this preceptor 1 answer: Yes, you need to have some sort of strategy to keep things going, you have to try to show your students how to do that” (Focus group 1).
According to field notes the preceptors usually addressed this part of the nursing role by encouraging reflective thinking in their students:

“Sofia the preceptor and Eva the student nurse enter a room to administer some medicines. The patient is not there; Sofia then asks Eva “Well, we have to prioritize again, what can we do instead?” Eva replies “Yes, what can we do?” Sofia counters “What do we need to plan for the patient?” To this Eva quickly responds “Of course, the planned X-ray, shall we give the X-ray department a call and try to schedule the patient?” Sofia concludes “Good, prioritizing is important” (Field note).

The caring role

This category illustrates the caring dimension of nursing, with a clear focus on the individual patient. During field work, it was observed how preceptors stressed the needs of the patient, and encouraged students to reflect on what nursing interventions they can decide upon and implement independently as nurses. In this role, communicative skills including education to patients and families were central:

“At the surgical ward, a preceptor and his student attend to a newly operated woman: The preceptor Michael let the student talk to the patient about the surgical dressing, the medicines and how important it is to register bowel movements after surgery. In this conversation the patient takes an active part, telling the student about her stomach. It is a good dialogue between patient and student with the preceptor close by, listening, just adding the odd word now and then” (Field note).

As patient care is central to nursing, the following quote from a field note will illustrate how one preceptor explained that a good and competent nurse is recognized by actions, attentiveness to the patient and willingness to do all sorts of chores, implying that the good nurse is never idle, always busy, alert and available:

“What I think is important, is showing them [the students] that you always attend to the patient if they call for you, don’t let the auxiliary nurses answer all calls just because you sit by the computer making up your charts and reports, no you show them that you do all basic nursing care, they need to see that when they are in the clinic” (Field note).

It was clear that preceptors were aware of their importance as role models, and this became evident in relation to patients. The findings showed that ethical awareness was rarely discussed from a theoretical perspective but transferred to students when preceptors were acting as role models:

“The preceptor and the student nurse enter the room of an elderly comatose woman. Even though the patient does not react to their presence, the preceptor starts to talk softly to her explaining who they are and what they will be doing. When the student approaches the bed, she too speaks in a soft voice” (Field note).

In order to become a good competent nurse, preceptors often talked about how important it was that student nurses develop clinical competence. This is illustrated by the subcategory clinical eye representing experience based, tacit and personal knowledge that has to be verbalised by preceptors to be explicit and facilitate student learning. Occupational language is usually used in these situations. When a preceptor tells a student that a wound looks good they also have to make that implication clear to the student or the student will fail to understand the difference between a wound that heals well or not:

“Preceptor 12 explains: Well, things like no redness, no bruising, and no swelling, that’s important to explain. Preceptor 14 continues: Exactly, and you have to explain what to look for, or even smell when it’s not healing well” (Focus group 3).

The preceptors in this focus group continued to discuss clinical competence, in terms of how to teach the student to learn to recognize subtle changes and nuances in their patients:

“Preceptor 13 starts: When you sense that the patient is not quite alright, how do you try to teach your students that, it is so hard to teach them something you just know. Preceptor 11 replies: Well, it’s the tiniest details, I tell them to look at the patient, is he pale, does he sweat, what about his breathing, the way they talk to you, just little things. And then, I always tell them to ask themselves; what can I do as a nurse? Check temperature, BP, saturation, things like that” (Focus group 3).

Discussion

The current study has illuminated how preceptors by means of, behaviour, words, and actions facilitate opportunities for students to internalize knowledge, skills and ethical views. As individuals respond to the actions of others, it can be assumed that the preceptors’ actions as nurses will influence the student nurses’ socialization into the coming profession. An important part of this process is to acquire appropriate occupational language or institutional slang (Hafferty, 1998), as communication is the foundation for understanding between individuals (Charon, 2009). In the current study, this was observed at several occasions when preceptors used expressions like “the wound looks good” (P 11) or abbreviations as “the patient is a FO [Fluids only]” (P 2). In these situations it is vital for preceptors to explain what they mean by the used expressions. Once there is a mutual understanding of the meaning of the used expressions or abbreviations between preceptor and student they can be used freely, allowing the student to internalize occupational language. Hence, in concordance with Spouse (2001) language development seems important as a mean to integrate theoretical and practical learnings as this social interaction between preceptor and student can help to illuminate experienced nursing situations for the student. This will facilitate students’ comprehension of what Eraut (1994) refers to as propositional knowledge (knowing that) and process knowledge (knowing how). Thus; our study contributes to the new understanding of the ongoing debate in nursing education regarding the gap between theory and practice. The theory–practice gap has been described as a discrepancy between what is taught in classrooms and what is being practiced in clinical settings during clinical practice (Corlett, 2000) which might limit the students’ ability to fully comprehend the professional nursing role and assume professional identity.

Other findings from the current study illustrating a connection between theory and practice can be exemplified through the subcategories “tricks of the trade” and “the clinical eye”. Both subcategories illustrated how preceptors strived to make practical, and experience based knowledge understandable to students by verbalising what they were doing and seeing, hence making theory explicit and contextualized. This is in line with Tanner (2006) who argued that students need help from expert nurses to learn how to recognize “practical manifestations of textbook signs and symptoms” (ibid, p. 209). This approach will help students verbalise their nursing responsibilities hence making their future professional boundaries explicit and facilitate clinical judgment (Tanner, 2006), meaning the
nuanced ability to recognize, interpret and respond to salient aspects of clinical situations.

The findings also illustrated a professional role where the nurse was pictured as someone who is always busy and alert, in control of things and in the centre of activities. This is in accordance with Rutty (1998) who described the nurse as the manager of health who utilizes all other health and social care professionals when organizing this work. Preceptors in the current study conveyed this as a nursing role to be proud of. Björkström et al. (2006) discussed professional pride in terms of assuming independent responsibility when performing nursing work, and having the courage to stand on the patient’s side. In our study this can be exemplified by how preceptors mediated a caring role by teaching the students to reflect on what they can do independently as nurses. Murray and Main (2005) state that professional values are not taught, but learned by the student and it is important to acknowledge the two sides of socialization and role modelling. On one hand it might lead to imitative and observational forms of learning with a risk of students internalizing poor practice. On the other hand it gives the students rich opportunities to work with experienced practitioners enabling them to develop professional identity. In the current study preceptors stressed the importance of caring, and it seems as if the subcategories ethical awareness and the clinical eye are examples of how preceptors try to be good by being role models with the patient in focus, performing not only qualified nursing tasks but also attending to more basic nursing needs. This is contrary to the picture depicted by Mackintosh (2006) who described poor role models as one way to explain indications of how the student nurses’ attitudes towards care and caring for patients changed in a negative way during clinical practice, or Hinds and Harley (2001) who pointed out as to how students spoke of nurses being poor role models who did not reflect their ideals.

The preceptors also described the good nurse as someone you can work with as a future colleague, skilful and reliable. Hence, precepting will be directed to achieve these objectives which might explain why nursing is still depicted as a traditional, practical role focusing on performing tasks, always busy and available for both patients and staff. This is in accordance with Maben et al. (2006) who illustrated real nursing work as hard and physical with good nurses sharing a fair part of this work. What is worrying though is that our findings do not illustrate how preceptors implement or discuss evidence and research based nursing knowledge with their students, a description of the good nurse carried by educational institutions. Therefore; it would be of interest to direct future studies towards how preceptors in cooperation with faculty can discuss these issues with their students during clinical practice.

Methodological considerations

As the study was limited not only to a Swedish context, but also to a small sample of preceptors working in somatic settings no general conclusions can be drawn. To avoid researcher bias, effort was taken during field work to consistently take the role as participant observer. Some strengths need to be recognized, the ethnographic approach allowed the researcher to explore interactions between preceptors and student nurses hence enabling descriptions of how nursing as a profession was mediated. The emerging findings from the observation were discussed during the focus group interviews thus deepening the understanding and can be seen as a mean to achieve trustworthiness.

Conclusion

The findings have contributed to an understanding of how nursing was mediated by precepting nurses. Therefore; the findings are probably consistent with how preceptors view their own profession and professional identity. Language or rather, professional or institutional slang, seems to be an important part of how nursing is mediated. Understanding and internalizing this specific language is probably important for students in order to fit in and become accepted as members of a professional group. Hence; occupational language and professional socialization within the clinical setting render interest for future studies.

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