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ABSTRACT

Introduction
Clinical practice is considered an integral part of nursing education. It is in the clinical area that the students integrate the theory learnt in the classroom into practice. An enabling clinical environment with the assistance of a clinical preceptor (CP) ensures that student nurses become independent practitioners and competent in their roles and responsibilities.

Design
A comprehensive study was undertaken to explore the emerging role of CPs in Pakistan. This research has been reported in the literature. This paper will deal exclusively with the perceptions of nursing students when working with CPs in the four-year undergraduate baccalaureate program at a private school of nursing (SON) in Pakistan. Through focus group discussions, the perceptions of undergraduate students were explored.

Results
Four main themes emerged. These included the creation of a conducive clinical environment, development of competencies, engagement in patient care, and personal and professional development.

Conclusion
Based on the study findings, recommendations for strengthening the role of CPs in supporting undergraduate nursing students in their clinical practice are presented.

Introduction

The nursing curriculum includes both theory and clinical aspects of nursing. Ideally, the clinical side of the curriculum should be supervised by the nursing faculty for student learning. However, with increasing numbers of students, nursing faculty have limited time to provide this critical clinical supervision. In Pakistan, this problem is compounded by emigration of nursing faculty to the Western world.

In accordance with the requirements of the Pakistan Nursing Council (PNC), there should be one clinical faculty for every ten students (Higher Education Commission, Islamabad, & Pakistan Nursing Council, Islamabad 2011: 293). Clinical preceptors (CPs) are seen as a solution to the issue (McQueen, Poole, & Boquist 2015: 65; Brathwaite & Lemonde 2011: 1). The role of CPs has been documented in the literature to support student learning. Generally, CPs have three years of clinical experience and a baccalaureate degree, while nursing faculty have completed Master's degrees in Nursing, Education or any relevant field. The nursing faculty is qualified to teach the theory and clinical components, but CPs only teach the clinical aspects. Using a community of practice framework, the CP model was introduced formally by hiring CPs at a school of nursing in an undergraduate course in adult health nursing (AHN) at a private university in Karachi, Pakistan (Dias, Lalwani, Khowaja & Mithani 2017; Dias & Khowaja 2017). Under the guidance of CPs, students move from one level of learning to a higher level of clinical expertise, thereby gaining mastery over the skills and practice of dealing with patients in the clinical environment. The objective of this study was to explore the perceptions of BScN Nursing students about the effectiveness of CPs.

Literature Review

In most nursing curricula, approximately 50% of the curriculum is dedicated to clinical practice. The clinical area is the place where nursing students get an opportunity to integrate theory into practice under the supervision of the nursing faculty (McCarthy & Murphy 2008:302; Dias, Lalwani, Khowaja, Mithani 2017). In the absence of nursing faculty, this role of clinical supervision of students has been supported by CPs.

Various terminologies have been used in the literature to identify those who are not nursing faculty but guide learning in clinical practice. These include CP, mentor, clinical supervisor or buddy nurses (Rebeiro, Evans, Edward & Chapman 2017: 2). In addition, the literature illustrates several models of clinical supervision such as the preceptorship model, team preceptorship, integrated preceptorship and clinical teaching associate to support student learning (Brathwaite & Lemonde 2011: 3). All these models have demonstrated that they are beneficial to the development of competencies in nursing students. The benefits range from integration of theory into practice, mastery over clinical skills, critical thinking, clinical judgment and professional socialisation into the role of the nurse (Butler *et al.* 2011: 299; Phuma-Ngaiyaye, Bvumbwe, Chipeta 2017: 167). Essentially, CPs can create the important link between academia and clinical practice.

Furthermore, research has shown that CPs play a vital role in meeting the demands of high-quality patient care. Nursing students, with the assistance of CPs, develop clinical competence, and higher order thinking. In this way, they are socialised into the role of a nurse (National Council of State Boards of Nursing 2008: 7-8; Kristofferzon, Mårtensson, Mamhidir & Löfmark 2013: 1252). CPs create a

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supportive and conducive learning environment for effective clinical experience (Carlson & Bengtsson 2015: 1; Lawal, Weaver, Bryan & Lindo 2015: 35). Through problem solving and decision making, CPs guide students to gain competence within the healthcare environment. Nonetheless, some challenges have been identified with the role of the CP. Some of these challenges include insufficient time for precepting, lack of educational preparation especially in providing feedback, appropriate clinical supervision of unsafe students, and students' dissatisfaction with the role of preceptors.

Aim of the study

The study was conducted to describe the perceptions of four-year undergraduate baccalaureate nursing students regarding the role of CPs in the clinical area at a private school of nursing (SON) in Pakistan. Specifically, findings from this study were intended to help the administrators of the School of Nursing to make decisions regarding the continuation of the model of using CPs for clinical teaching. Furthermore, the research findings will help other nursing schools in Pakistan, and the region to utilise the CP model of teaching as a strategy to overcome the shortage of nursing faculty in their institutions.

Methodology

Design

This paper is based on data collected as part of a broader qualitative study that has been published elsewhere (Dias, Lalwani, Khowaja & Mithani 2017; Dias & Khowaja 2017). In the larger study, a case study methodology was utilised, with a range of data collection methods and several types of participants, including students, CPs, faculty and nursing administrators. This paper deals exclusively with narrative data from two focus group discussions (FGDs) with undergraduate nursing students regarding their perceptions of CPs. This data has not been previously reported.

Setting and participants

An email was sent to 59 students who had been under the supervision of CPs during an adult health nursing (AHN) clinical course in the second year of the students' baccalaureate programme. In line with PNC's requirements, only 10% of the class can be males. Therefore, in each focus group, there was one male student and seven female students. Sixteen students agreed to participate in the study, representing 27% of the class. The sixteen students were randomly divided into two groups of eight participants. FGDs were held in a classroom on the SON premises.

Data collection

The FGDs were conducted by two researchers at the end of the AHN clinical course. Each FGD was approximately 45 minutes in length. FGDs were conducted with the help of a semi-structured question guide developed by the researchers. These questions addressed participants' experience with clinical preceptors, their perceived effectiveness in providing clinical teaching, and the challenges faced by the students. The FGDs were conducted in English and were audio-recorded. Notes were also taken by the researchers during FGDs.

Ethical considerations

This study received University Ethical Review Committee approval 2841- SON_ERC- 13 prior to the start of the study. Informed consent was obtained from the research participants (students) prior to

data collection. Students were encouraged to ask questions so that they had all the information they needed to make an informed decision. Moreover, it was explained that the students had the right to refuse to give information, as well as the right to discontinue their participation at any time during the study without penalty. They were informed that their academic grades would not be affected by their participation in the research study.

Data Analysis

All the qualitative data obtained through the FGDs were analysed. The audio data was transcribed. The data was read and reread independently by two of the researchers. Manual extraction was done to identify the themes. Two researchers independently read the transcripts and generated their own themes and then came to a consensus for the finalisation of themes.

Trustworthiness of data

Polit and Beck (2008: 539-540) have discussed five criteria for ensuring trustworthiness of qualitative research: (a) credibility, (b) transferability, (c) dependability, (d) confirmability and (e) authenticity. In keeping with these criteria, the data was confirmed by participants through summarising the discussion around each question at the end of the FGD, in order to correct any errors of interpretation. Keeping a record of the raw data (FGD transcripts), data reduction notes, and reflective notes assured confirmability. The participants' confidentiality was maintained throughout the study. The researchers knew the study participants. Therefore, the information the students provided was kept confidential. The tape recorders and notes were kept under lock and key in a secure place. Electronic data was stored in a computer which was password protected and accessible only by the researchers. In line with our research proposal, two FGDs were undertaken, which indicated that a point of data saturation had been reached and, therefore, the researchers did not feel the need for a third FGD. In order to ensure credibility of the findings, the researchers ensured that there was representation from each clinical group.

Findings

Of the sixteen students, the majority were females (n=14) and relatively few (n=2) were male. The age of the students ranged from 19 to 22 years. All of them were in the second year of the baccalaureate nursing program.

Four main themes emerged from the two FGDs. These themes were:
1. Conducive clinical environment;
2. Development of competencies;
3. Engagement in patient care:
4. Personal and professional development.

Conducive Learning Environment

In this theme, the students reported that the CPs provided a conducive learning environment in the clinical area.

The nursing faculty were perceived to be strict on the clinical area and the students felt threated by their presence. On the other hand, CPs had a non-threatening attitude in the clinical setting. The students reported that the CPs positive attitude gave them an opportunity to work in a safe and friendly environment. They reported they were quite comfortable to ask a CP to provide them with supervision for particular clinical activities that they were doing for the first time. Specifically, students identified intravenous cannulation, catheterisation, medication, dressing, suctioning, nasogastric tube insertion, and feeding as activities in need of CP supervision. This was made clear by one of the students:

> I did not feel internal motivation to go to the faculty for signing off my intravenous cannulation skill, instead waited for CP rotation for my clinical supervision and I successfully did it with CP, this is the reason that CPs should continue, because we feel very comfortable in their presence. (Participant 1)

Along the same lines, other students said:

> I was shivering during intravenous cannulation and I was not able to insert the cannula in the first prick, so she (CP) did it herself and taught me how to do cannulation … later, during my clinical rotation, she provided me with the opportunity to cannulate another patient. (Participant 5)

> Her calm and friendly attitude and providing me with another opportunity to cannulate the patient went a long way to reduce my anxiety. (Participant 9)

> We performed these skills with the CPs with more comfort, which eventually enhanced our self-confidence to do various nursing procedures. (Participant 15)

In addition, students shared that they had fears and stress while working with oncology and palliative patients, as well as patients with hepatitis B and C. They reported that CPs helped to alleviate their fears in dealing with such patients. The CPs told them to observe their approach as to how they communicated with patients with chronic and terminal illnesses. One student reported that:

> CPs were role models for us as we could see how they communicated with cancer and dying patients. (Participant 13)

Development of competencies

The students reported that the CPs were competent practitioners as they were up to date with their clinical skills and familiar with the layout of the clinical environment. Several students shared that CPs educated them to deal with the complex healthcare demands of patients and taught them problem-solving skills for dealing with various types of patients. In this way, the CPs were preparing the students for their future roles and responsibilities. One student stated the following:

> CPs were able to teach us the complex clinical skills as well as maintaining patient safety … if some students were not performing skills, the CPs repeated these skills with us until we were competent to do them independently. (Participant 4)

Another student mentioned:

> If CP was not satisfied with our skills competency, she would ask us to demonstrate the skill in front of her or ask us to go back to the skill lab for practice. (Participant 11)

Another representative statement was as follows:

> I really appreciate CPs … she helped us to practice head to toe assessments in front of her thereby, developing my own level of confidence in health assessment technique. (Participant 6)

Furthermore, another student made the following comment:

> … CPs always suggests alternative methods of doing skills and practical ways that work. (Participant 16)

Another student said:

> I learnt time management, as we were asked to look after three or more patients with RN with our own 1-2 primary patients. I was able to take care of other patients with my own specific clinical objectives of the day and learnt other important skills. (Participant 12)

Engagement in patient care

The third theme was engagement in patient care. The students reported that the CP provided a host of opportunities for their learning in terms of patient care.

This was echoed by one of the students:

> Whenever, there was any new learning situation in the clinical unit, she (CP) called all students together to learn the skill … like management of drainage bags, central venous pressure (CVP) measurement, and monitoring of ventricular peritoneal (VP) shunt and taught specific interventions for complex cases. (Participant 16)

Another student stated:

> She brought topics like code blue, traction care and other important cases and concepts in post conference, I thought it was not a part of AHN course objectives for this year; however her attitude of engaging in patient care made me realise the role and responsibilities of a nurse. (Participant 2)

Another student reflected:

> She made the rule for attending physician rounds compulsory; that helped us to get involved in the care of the patient from admission to discharge. (Participant 14)

Another said:

> I was impressed by the CP … She used one single experience or new learning opportunity to teach the entire group of students. (Participant 3)

The students reported that they were expected to integrate what was learnt in the classroom on the clinical area. The CPs were practical in their approach. This was echoed by one of the students:

> She helped us to develop working clinical integrated map (CIM) that could be applied to patient instead of theoretical and bookish CIM taught by faculty. (Participant 10)

Students shared that the CP never missed any students' interaction on clinical day, no matter how busy the day was for her. Moreover, the students perceived the CP as a role model, because she involved herself in care of patients from simple to sophisticated skills.

This was identified by one student who stated:

> I was assigned to special care unit and received a heavy patient who had passed stool in the bed. Staff nurse asked me to clean the patient as she was busy with another patient. It was difficult to clean the patient alone, so I informed my CP. Since no one else was there so she herself helped me to change the patient. (Participant 8)

Personal and Professional growth

Under this theme, students reported that CPs lacked professional demeanour in dealing with students. They reported that the CPs were informal in their conversations with students and health team members. They used slang and the local language (Urdu) instead of the university's instructional language which was English. The students reported that the CPs were unable to provide specific feedback on their clinical performance. Students found inconsistency between formative verbal feedback and summative written feedback at the end of the clinical course about their clinical performance. One student stated that:

> CPs should not give negative feedback in front of other students and patients, as it lowered my confidence and self-esteem and made me demotivated. (Participant 5)

Another student reported:

> … giving feedback in front of other students and scolding me in front of patients was inappropriate … I felt that the patient would no longer think I am competent. (Participant 7)

Additionally, another student stated:

> Overall, I feel that CP was good in giving verbal feedback as she appreciated us and inform us on the spot about our areas of improvement, but when it comes to written clinical evaluation in black and white … it was totally opposite. (Participant 1)

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Discussion

The findings of this study illustrate that CPs are a resource for providing clinical teaching to undergraduate baccalaureate nursing students provided they receive educational preparation and mentorship for clinical teaching. The CPs provided a conducive learning environment that facilitated student learning by making them feel they belonged to the clinical placement (Levett-Jones, Lathlean, Higgins & McMillan 2009: 317). Furthermore, Phuma-Ngaiyaye, Bvumbwe & Chipeta (2017: 166) support the view that CPs' friendly and supportive attitudes encourage students to seek out their assistance. Our study indicates that students considered CPs as a valued resource in gaining mastery over clinical skills. This is in line with Vygotsky's notion of the zone of proximal development, in which individuals learn best with more competent peers or teachers, and reach beyond their current or actual level of development to the next level of competence (Rogoff & Wertsch 1984: 91). Preceptors are expert practitioners, and this was reported by the study participants.

In contrast, the study participants felt that the faculty members lacked clinical skills and were authoritarian (which echoes the finding of Farooq, Rehman, Hussain & Dias 2018: 222). In a landmark study, the National League of Nursing reports that there was inadequate pedagogical literacy among clinical faculty (Ironside & McNelis 2010: 52). The findings are similar to the study conducted on the clinical preceptors. Although our findings indicate that CPs have mastery over their clinical specialty areas, they need assistance to support them in giving students feedback, as well as in personal and professional development (Mårtensson, Löfmark, Mamhidir & Skytt 2016: 1). Academia has its own culture along with its own language, values and behaviours. CPs have difficulty in their transition from the clinical to the academic role and handling of students instead of patients. This finding has been supported by Danna, Schaubhut & Jones (2010). The general findings of our study are consistent with previously published literature that the educational role of CPs is demanding and stressful. Precepting requires pedagogical expertise and preparation in the form of shadowing faculty, signing up for teaching and learning courses, and attending workshops on giving feedback to students (Myrick, Luhanga, Billay, Folley & Yong 2012: 4-6).

Recommendations

Based on the above findings, the researchers recommend educational preparation of CPs. CPs should be supported in their transition from clinician to educator as they are key to supporting students in merging theory and practice. In keeping with the literature, mechanisms should be developed to help them to grow in their academic role by providing opportunities such as shadowing, observation of feedback by senior faculty, peer support and continuing education on personal and professional development. Furthermore, they should educated about how to give constructive feedback as well as opportunities to audit theory classes to reduce the theory-practice gap (Dias, Lalwani, Khowaja & Mithani 2017; Dias & Khowaja 2017). In addition, national standards should be developed by the Pakistan Nursing Council in order to describe and support the role of CPs in baccalaureate nursing education.

Conclusion

Despite the fact this study is local and limited to one school of nursing, it nonetheless provides an understanding of the emerging role of CPs in Pakistan. Although the conclusions drawn cannot be

generalised, the data obtained can be used to strengthen other programs in which CPs are used. Additionally, the findings support the Vygotskyan notion of the zone of proximal development as CPs facilitate learning from one level to the next. The data generated from the baccalaureate students regarding provision of clinical feedback by the CPs corroborates our other research in which CPs reported difficulty in giving feedback to students (Dias & Khowaja 2017). It is worth mentioning that this study began with four nursing faculty members. However, during this research project, two of the faculty migrated to North America, substantiating our identification of the need for CPs in the education of undergraduate nursing students in Pakistan. The role of CPs seems to be an answer to the growing issue of nursing faculty moving to the West.

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