

Triple Ps and Cs to solve the trouble of transition: A new theoretical model

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ABSTRACT

Aims: Aim of the study was to explore the experiences of interns and preceptors to develop a rich conceptual understanding of their experiences during the internship.

Settings and Design: Purposeful sampling was used to recruit 22 interns and 11 preceptors during an internship program at a tertiary public hospital in Riyadh.

Methods: We used qualitative research based on a phenomenological approach. The data was collected through semi-structured interviews.

Data Analysis: Interviews were transcribed verbatim and analysed concurrently using thematic analysis.

Results: The internship program had a positive impact on interns and their preceptors. However, both groups reported negative issues related to their preparations (training) and emphasised the need for better cooperation between education and practical healthcare services.

Conclusions: The findings lead the researchers to develop a new model for clinical education, future healthcare professionals and those who assist them during the internship, "The Triple Ps and Cs to solve the trouble of transition".

Keywords: Clinical skills, interns, internship, nursing education, preceptors, Saudi Arabia, transition

INTRODUCTION

Education of nurses is globally focused on ensuring that they develop the skills, competencies and knowledge for the 21st century's evidence-based practice. Thus, universities are oriented towards delivering nursing education that is meaningful in theory and practice to meet the requirements of the healthcare industry, consumers and the nursing workforce.^[1] Nursing education in universities aims to facilitate nursing students' learning by integrating theoretical and practice-based learning to develop graduates who are critical thinkers and can apply research-based practices to the care and management of clients.

However, it has been argued that graduates of modern universities are not sufficiently prepared to meet the needs and expectations of the industry and consumers of healthcare.^[2,3] For example, nursing students have reported feelings of being 'thrown in at the deep end' to sink or swim during their transition from student to practising nurse.^[4] Much has been written about the transition from student to graduate nurse across a range of countries and clinical settings; however, how this transition is accomplished in Saudi Arabia and how interns and preceptors experience this transition, is a largely unexplored area. Thus, little is known about their perceptions of how they can best contribute to developing the clinical skills of Saudi Arabian nursing interns in order to give them an understanding of their responsibilities as healthcare workers within a professional team.

Preceptorship

Since the mid-1970s, the preceptorship model has been used as a method of clinical teaching, especially after the BSN programs started, as students were experiencing a reality shock at the transition stage from student to registered nurse.^[5] Hence, an internship is understood as a model that is framed specifically within the healthcare setting for established periods and particular purposes.^[6,7] Preceptorship aims to develop interns confidence and competence while simultaneously

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fostering their clinical practice.^[8] The internship has become a primary mode for healthcare organisations to facilitate the development of young and aspiring professionals.^[8] Therefore, preceptorship programme could be helpful as interns require guidance, assurance and feedback on their clinical performance.^[9]

The term preceptor is commonly used in nursing practice. A number of definitions exist in the literature, but most tend to focus on the attributes of the preceptor rather than the concept itself. For example, most authors have used the following terms: Experienced, registered nurse, competent, confident, supportive, role modelling and guidance,^[10] whereas others have used terms such as teacher and instructor.^[8,11] Other definitions define a preceptor as a registered nurse who offers supervision via a one-to-one relationship with a student nurse during clinical experience.^[12,13] Some authors have added a pre-determined timeframe for such relationships. Happell defined a preceptor as a nurse who teaches, counsels, inspires, serves as a role model and supports the growth and development of a student for a fixed and limited amount of time with the specific purpose of socialising the student into a new role.^[14]

Major theories related to internship

The application of the internship model for clinical teaching is based on the premise that socialisation is a critical aspect of every student nurse's transition from academia into the hospital setting.^[15] Socialisation is defined as the passing of a role from one person to another in order to acquire new skills and knowledge.^[16] Four theories have been widely used in addressing such aims and objectives, namely: Vygotsky's theory, Bandura theory, the reality of shock and Benner model. Most of these theories are based on social or cognitive development. All these theories and models were considered when designing the current study, but the Benner model was most applicable in order to give a clear theoretical background to the study.

Benner model

Initially, Dreyfus and Dreyfus developed a skill acquisition model for pilots in the army.^[17] In the 1980s, Benner first applied the Dreyfus model of skill acquisition to the nursing profession. According to this model, a professional progresses through five proficiency stages while developing any skill: Novice, advanced beginner, competent, proficient and expert.^[18] Benner's theory illustrates that individuals are inexperienced in the first stage, (i.e., novice), specifically for the circumstances in which they have to work. During the second stage, they turn into advanced beginners who are capable of delivering a standard performance to some extent. Advanced beginners become competent during the

third stage when they become consciously aware and start establishing and achieving long-term objectives. Similarly, proficient professionals, during the fourth stage, start viewing situations as a whole. Finally, during the fifth stage, they turn into expert professionals who are capable of using their knowledge and skills in any situation without depending on codes or guidelines.

METHODS

This research required a methodology suited to understand the lived experiences of interns and preceptors in Saudi Arabia. As the focus of the study was to explore human experiences, and little was known about the topic, a qualitative design was chosen. Hermeneutic phenomenology deals with the meaning of the experience through understanding and interpretation.^[19] The main goal of this research method was to describe the various ways in which individuals identify and experience a certain phenomenon in a qualitative manner. Hermeneutic phenomenology was considered appropriate for this study, as it required the researchers to be familiar with the context.^[20]

Sampling

Ethical approvals were obtained prior to conducting the study, from both the University Human Research Ethics Committee and the health service where the study was undertaken. The two target groups in this research were interns and preceptors at a tertiary public hospital in Riyadh, Saudi Arabia. The eventual sample size for the study was based on data saturation and it also took into consideration the inclusion and exclusion criteria. Borbasi *et al.*, confirms that qualitative research usually involves smaller sample sizes than quantitative research.^[21] In qualitative research, the richness and quality of the data were more important than the number of participants. According to Polit and Beck, without high-quality data collection methods, the accuracy of information and the strength of the conclusions are subject to challenge.^[22] Data collection was obtained through individual interviews and thus this study employed in-depth, semi-structured interviews to address the study aims. A pilot study of the interviews was conducted in 2012, using a draft interview guide to maintain the researchers' focus on the topic and research area.^[23] Pilot testing the interview guides also helped the researcher to become more familiar with the interview process and determine whether the participants easily understood the questions. The interview guide was based on the study aim generated from a literature review.

Interviews were conducted with 11 preceptors and 22 interns who met the inclusion criteria for the study. Data saturation was reached when new stories became

similar to previous findings. Each interview lasted about 1 - 1½ h. This prolonged contact gave the researchers time to become familiar with the personality and non-verbal communication of the participants.

Data analysis

Qualitative data analysis is ‘a formal interpretation of collected data to create order, elicit meaning and communicate findings’.^[24] Such analysis is seen as a simultaneous process that should start when data are being collected.^[25] Braun and Clarke reported that thematic analysis was one of the fundamental and first approaches for qualitative data analysis.^[26]

Preceptor demographics

The preceptors represented a wide range of ages, experience, qualifications and specialties [Table 1].

Intern demographics

At the time of the study, the interns were in the final year of their bachelor of nursing programme. The demographics are shown in Table 2.

RESULTS AND DISCUSSION

Positive impact and benefits of internship

The results of this study confirmed that the internship programme has a positive impact on both interns and preceptors in terms of offering new knowledge and skills [Figure 1]. Interns regarded their internships as a vital component of acquiring new skills and indicated that the clinical teaching environment positively influenced their skills level. This finding was congruent with a descriptive correlational study conducted by Kim, who examined the perceptions of senior nursing students and found a positive correlation between the amount of time interns spent with preceptors and competency and skills.^[27] Another positive impact of the programme was improving interns’ English language and communication skills. Interns experienced varying degrees of difficulty in communication because of language barriers. This finding was congruent with a systematic review done by Omeri *et al.*, who found English-as-a-second-language students often had difficulties understanding basic concepts.^[28] However, Cummins found the experience of preceptorship was valuable, despite communication and language barriers.^[29] Many interns in the current study described how they developed new skills and improved their English language.

Similarly, the preceptors also reported positive impacts. Although, the programme aimed to develop the skills of interns, preceptors found it useful as a platform for furthering their knowledge and skills. Several preceptors highlighted that their own

Table 1: Demographic data for preceptors

Code number	Age	Gender	Education	Experience (years)	Nationality
Preceptor 1	29	Male	BSN	5	Saudi
Preceptor 2	38	Male	Diploma	9	Filipino
Preceptor 3	34	Female	BSN	7	Filipino
Preceptor 4	28	Female	Master	3	Indian
Preceptor 5	35	Male	BSN	12	Filipino
Preceptor 6	32	Male	Diploma	6	Filipino
Preceptor 7	43	Female	BSN	15	Filipino
Preceptor 8	44	Female	Master	5	South African
Preceptor 9	40	Female	BSN	8	Filipino
Preceptor 10	29	Female	BSN	4	Indian
Preceptor 11	53	Female	BSN	25	Filipino

Table 2: Demographic data for interns

Code number	Age	Gender	Start date	English proficiency
Intern 1	23	Female	07-2011	Excellent
Intern 2	24	Female	08-2011	Good
Intern 3	24	Female	07-2011	Poor
Intern 4	26	Female	08-2011	Excellent
Intern 5	23	Female	08-2011	Good
Intern 6	22	Female	07-2011	Poor
Intern 7	24	Female	09-2011	Good
Intern 8	25	Female	10-2011	Poor
Intern 9	24	Female	08-2011	Good
Intern 10	28	Female	09-2011	Good
Intern 11	23	Male	07-2011	Good
Intern 12	23	Male	07-2011	Good
Intern 13	24	Male	08-2011	Poor
Intern 14	23	Male	07-2011	Poor
Intern 15	24	Male	07-2011	Good
Intern 16	23	Male	08-2011	Poor
Intern 17	22	Male	09-2011	Poor
Intern 18	23	Male	08-2011	Good
Intern 19	27	Male	07-2011	Poor
Intern 20	22	Male	09-2011	Good
Intern 21	25	Male	10-2011	Poor
Intern 22	28	Male	10-2011	Good

nursing knowledge and skills were strengthened. The predominantly non-Saudi preceptors viewed the internship as a chance to further their teaching competencies and their knowledge regarding the Saudi culture. Some preceptors used the phrase ‘two-way interaction’. This finding was consistent with Myrick and Yonge, who justified that the learning curriculum used by preceptors and interns may be different in terms of concepts and learning areas.^[30] Thus, what may have been an accepted practice when the preceptors were undertaking their education may not be relevant at another time or in another place, despite the fact that preceptors may have learned application of new knowledge through practice. The preceptors described how they acquired better teaching skills by acting as

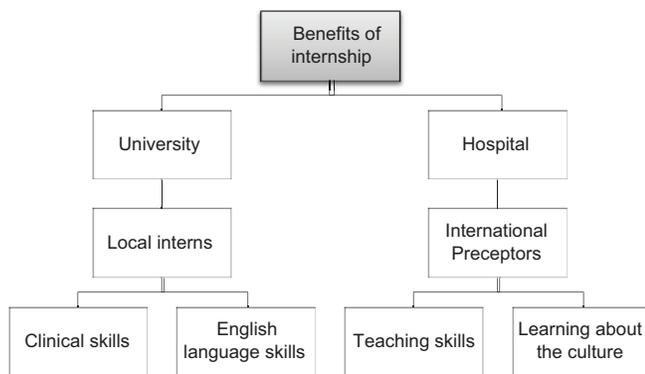


Figure 1: Benefits of internship for both intern and preceptors

role models to their interns. According to Yonge *et al.*, an internship helps the preceptor to develop the skills to motivate learners through active involvement of the learner into the learning process and the creation of a supportive teacher-student relationship.^[31] Ullrich and Haffer, argue that internship involves an exchange between the preceptor and the intern.^[32] International preceptors who assist interns to consolidate their skills and gain new knowledge in relation to caring for patients in a Saudi setting, in turn developed a deeper understanding of the Saudi culture. This conclusion supports the work of Myrick and Yonge who suggested that mentoring programmes help increase knowledge, skills and attitudes of all nurses involved.^[33]

Internship programmes offer an opportunity for interns and their preceptors to extend their knowledge. Interns also have the potential to bring with them new information and skills that are new even to a preceptor. Preceptors viewed an internship as a chance to further their teaching competencies, as well as their knowledge, about the local culture. In this context, most preceptors were of the opinion that these programmes do not only help refresh their skills and knowledge in the fields of nursing and teaching, but it was a way of learning about the local culture. In the same way, interns gained clinical skills and improved their English language skills. In this study, the relationship between interns and preceptors was positive and both the preceptors and interns benefited from these programmes.

Weakness in preparation

Although the overall experience was positive, both groups reported negative issues related to their preparation for taking on the roles of preceptor and intern [Figure 2]. Participants spoke about the education programme that the interns had completed and suggested that it did not prepare the interns well for the reality of clinical practice. Most nursing schools in Saudi Arabia use a theory-based education system that emphasises on lectures rather than practical experiential learning. The

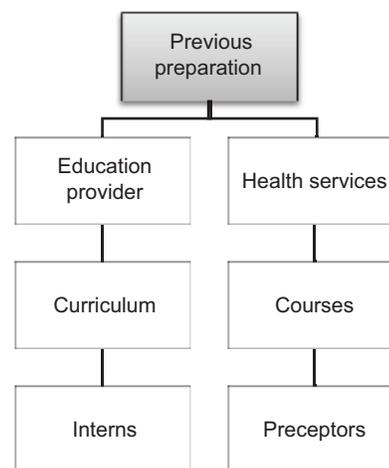


Figure 2: Weak preparation of both interns and preceptors

education was mainly ‘teacher-centred’ and currently there is a slight shift towards problem-based learning,^[34] which may assist in developing a more student-centred approach to learning. In a qualitative study of the experiences of Saudi medical students, Adkoli *et al.*, reported inadequate emphasis on clinical learning in Saudi Arabia.^[35] They examined the perception of professionalism by interviewing medical students and interns and found a similar lack of emphasis on clinical and workplace learning, as found in our study. The results of this study provide evidence supporting the need to review the nursing curricula to potentially re-design or refine it in order to create more practical skills-based learning opportunities, which in turn could result in better-prepared interns. In line with this, the regulatory body for nursing in the UK, the Nursing and Midwifery Council, demands that a minimum of 50% of undergraduate programme time should be spent in clinical areas.^[36]

Furthermore, there is a need for skilled preceptors to aid interns in becoming proficient in the clinical practice. The preceptors are responsible for directing, supporting, assessing and evaluating interns’ progress, none of which is an easy task. Most preceptors mentioned that they would have benefitted from professional development workshops and courses to prepare them for the role of the preceptor and they also identified continuing education as an important issue. This finding was congruent with Fielden, who highlighted the importance of professional development for preceptors in Saudi Arabia in order to be able to develop clinical competencies and safe practices for new nurses.^[37] The preceptors in the current study acknowledged their need for professional development opportunities to assist them to update and refresh their knowledge in order to be a successful preceptor. All participants believed that inadequate or insufficient

training for the preceptor role was a factor that adversely affected the success of the internship programme. Myrick and Yonge, consider that preceptors must be prepared and willing to take on the role.^[33]

The education programme which the interns complete does not prepare them well enough for hands-on clinical practice. One way to address this issue is curriculum refinement and development by adding a unit that explains the internship and also enriches the curriculum with more hours of clinical practice. In addition, unprepared preceptors were unable to offer quality internship; hence, they should also be offered preparatory courses. Through continuous education, preceptors will be able to build their attitudes, skills and knowledge.

Lack of cooperation

Findings from the current study indicate that there was a lack of collaboration between the clinical teaching environment and the education providers [Figure 3]. This finding was congruent with Al-Hazmi and Windsor, who stated there was a need for better cooperation between education and healthcare services in terms of supporting the transition from a student to a nurse.^[38] Benner *et al.*, stressed the importance of collaboration between the education providers and clinical institutions.^[39] A quantitative study in California conducted by Murphy found that communication helps strengthen the bond between students and nurse practitioners in various hospitals; the interns constantly sought advice from preceptors on how to work out issues experienced in the hospital.^[40] The collaboration between hospitals and universities formed the primary and critical goal for the success of the internship.^[40]

There was a lack of collaboration between the education providers and health services regarding programmes;

this was reflected in the relationship between the interns and the preceptors, which was often truncated and problematic. Each year interns from different universities look for placements at hospitals to be trained by preceptors. Preceptors at hospitals were happy to do that, but they needed preparatory courses from the universities. Consequently, the internship should be seen in terms of a structured partnership that is focused on professional development as opposed to being just education programmes aimed at fulfilling course requirements. It should be continuous - even for practising nurses - as at no time has a nurse mastered all the required knowledge.

Lack of guidelines and standards

Ullrich and Haffer, stressed the need to develop clear guidelines and standards for internship and to provide a framework for interns and preceptors to assist in evaluating their performance.^[32] Participants in this study identified the lack of national clinical practice standards and guidelines as a key issue [Figure 4]. They felt that there was an urgent need for national standards of nursing practice to guide the internship. This finding has been illustrated by other researchers like Tumulty, who confirmed the need for a nursing body in Saudi Arabia or at least a full membership at the International Council of Nurses as a first step towards professionalism.^[41] According to Hibbert *et al.*, Saudi Arabia is still an infant in terms of the nursing profession, as many other countries have mandated standards of practice for nurses.^[42] In Saudi Arabia, there is no basic scope and standards or even general code for practice yet.

Currently, that task is the remit of individual hospitals. Other countries have an organisation that establishes and reviews its scope of practice on a regular basis. For example, the American Nurses Association

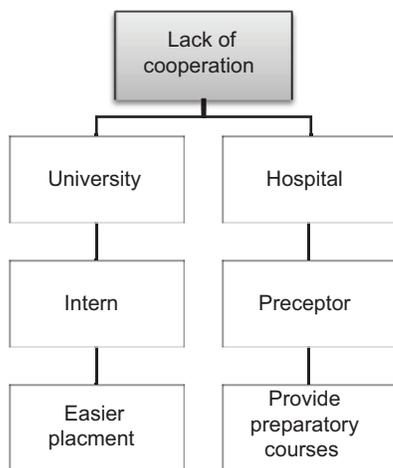


Figure 3: Lack of cooperation between universities and hospitals

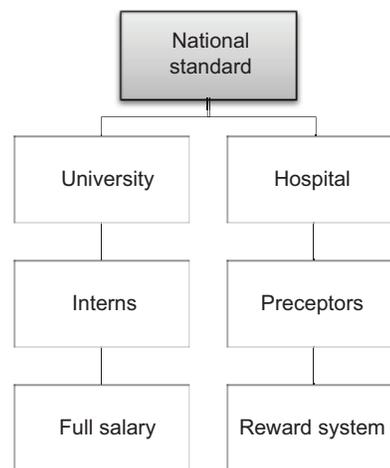


Figure 4: A national standard for nursing internships

not only has a unified scope and standards for general nurses, but they went even further by establishing a standard for 22 specialities in nursing professions.^[43] Australian nurses have their own Nursing and Midwifery Board of Australia, which is responsible for: (1) Registering nursing and midwifery practitioners and students, (2) developing standards, codes and guidelines, (3) handling notifications, complaints and investigations and disciplinary hearings, (4) assessing overseas nurses who wish to practice in Australia and (5) approving accreditation standards and accredited courses of study.^[44] For preceptors in the current study, to be rewarded with even a certificate or a token of appreciation from their health organisation would have been enough. One of the main ways to retain employees is to reward their performance. Support is one of the essential elements for a successful internship.^[45] Preceptors should receive acknowledgement and praise for their work. In the high-stakes arena of professional healthcare, finding the factors that motivate nurses in a compelling way to deliver the highest level of care to patients can seem elusive at times.

There is a need to develop more formalised programmes that could impact positively on internship programmes. Programmes vary from one school to another and from one health provider to another. Therefore, there is a need to develop clear policies that govern the interaction between interns and preceptors. Preceptors often have too high a workload to offer sufficient guidance to their interns. Training interns is an extra job on top of their duties and therefore hospitals should implement a reward system to acknowledge this. Managers should build in staff redundancy of preceptors so that interns are still mentored if the allocated preceptor is absent, ensuring interns' access to training, resolving difficulties between the interns and preceptors. The university should also pay full salaries to interns.

A new theoretical model

Although the main tenet of phenomenology is to understand “not produce a theory”, in Benner's phenomenological study,^[18] she adopted the Dreyfus model of skill acquisition,^[18] which was initially developed for pilots. We are suggesting a new model, which can be applied to nursing and other disciplines as well: The ‘Triple Ps and Cs’ to solve the trouble of transition’. In this empirical study, participants emphasised the importance of the graduate curriculum in preparing them for an internship. Similarly, courses or continued education programmes were seen as a vital aspect to prepare preceptors. This can happen when there is a policy or standard in place to govern the interaction between those groups. Cooperation is an equally important factor within education. Figure 5 shows the new suggested theory for Triple Ps and Cs.

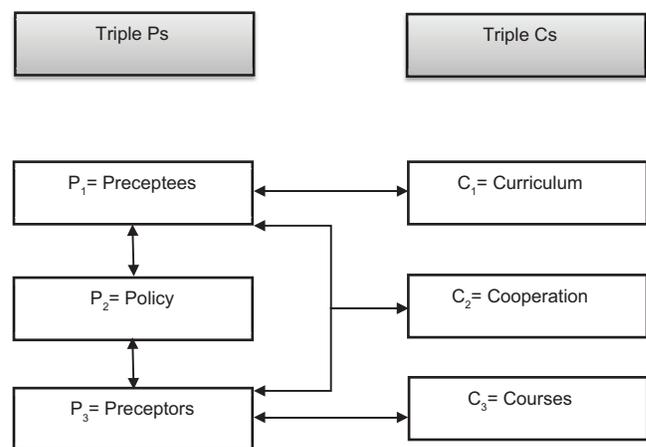


Figure 5: The proposed model showing Triple Ps and Cs

Further work is needed to confirm this theory and its applicability in other fields; however, Triple P(s) and C(s) may have the promise to solve the issues of transition.

Limitations of the study

The present study has some limitations that need to be considered. This study was limited to one hospital and one university in one geographical area (Riyadh region) due to restricted time and resources. The researcher was a PhD candidate, who had limited time for data collection and few resources. This limitation was overcome as this qualitative study did not seek to generalise findings to other hospitals or participants. Instead, it provided insight into the experiences of one group of participants - both interns and preceptors - that may resonate with others in similar positions.

Future research

This study identified several areas requiring additional research. Replication of this study in other locations would allow comparison of findings from geographically different sites. Additional research and continued investigation are needed to increase our understanding of how to develop effective nursing education in Saudi Arabia. To date, little research on nursing or other healthcare worker perceptions about internship has been conducted in Saudi Arabia. Even though the results of this study provided new insights in this area, additional studies are needed. Action research would assess the changes in perceptions before and after the internship. As noted above, this study was a relatively small project, but valuable in its outcome due to the unique insight into the experiences of a small group of interns and preceptors. The findings could be used to develop a nationwide study of Saudi nurses to explore whether the issues identified are evident more broadly. Another area of research that could build on the findings of this study would be to explore the experiences and perceptions

of nursing academics regarding internship and their role in preparing nursing students for the realities of clinical practice. Future research could investigate the applicability of the new model to other fields.

CONCLUSION

The Triple Cs and Ps model may offer a solution for a smooth transition of graduate nurses into the workforce. This study indicated positive outcomes regarding internship. The participants also identified challenges and weaknesses that limited the development of the process. These revolved around a lack of clarity regarding standards of practice and a lack of professional development to prepare preceptors for their teaching roles. It was also a concern of the participants that there did not appear to be a close collaborative relationship. These findings support those revealed by a number of previous studies and provide insight into the issues from a Saudi Arabian perspective.

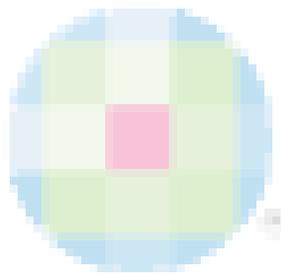
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