



LEARNING PRACTICES METHOD EFFECTIVE TO INCREASE NURSES KNOWLEDGE ON PRECEPTORSHIP TRAINING

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ABSTRACT

Nursing Manager is required to have the responsibility and able to perform quality nursing management so as to produce quality nursing services. In order to implement the management of care in the inpatient room, a nurse who meets the standard of the role of the care manager as well as able to transfer the skill and experience to the junior Nurse or Nursing students who are performing the practice of nursing clinics. Preceptorship Training is an educational process that emphasizes psychomotor aspect although it is based on knowledge and attitude with more interactive teaching method and shorter period of time compared to formal education which gives opportunity for practitioners in giving support to students in understanding their role and relationship welfare. This study aims to analyze the effectiveness of learning media practicum of nurse knowledge about clinical guidance Preceptorship method. Research design Pre-test and Post Test with control group design, where the treatment group was trained with lecture, discussion and practical methods, while the control group was trained with lecture and discussion methods only. Data analysis used the Wilcoxon test. There was a significant difference between the intervention group and the control group after the training at hospital. Preceptorship training with role playing practice method effective improves the knowledge score of nurses at hospital. Suggestions in this study include applying the results of the training on the process of clinical counseling method of Preceptorship thoroughly in hospital, improving the supervision of prescribing clinical methods preceptorship and helping improve the role of nurse as a preceptor in the clinic.

Keywords: knowledge; nurse; preceptorship training

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INTRODUCTION

Nursing Manager is required to have the responsibility and able to perform quality nursing management so as to produce quality nursing services (Adams & Bond, 2016). In order to implement the management of care in the inpatient room, a nurse who meets the standard of the role of the care manager as well as able to transfer the skill and experience to the junior Nurse or Nursing students who are performing the practice of nursing clinics (Chambliss, 2010). Preceptorship Training is an educational process that emphasizes psychomotor aspect although it is based on knowledge and attitude with more interactive teaching method and shorter period of time compared to formal education which gives opportunity for practitioners in giving support to students in understanding their role and relationship welfare (Chen, Y. M. & Johantgen, M. E, 2010). The clinical instructor nurse at hospital is only a small part (10%) who has attended the clinical guidance training by preceptorship method in 2015.

Application of clinical guidance model with preceptorship method was started in September 2015. Not all clinical instructors apply preceptorship clinic guidance method due to the number of counselors who attended preceptorship training were still limited, no evaluation of the effectiveness of preceptorship training in nurses at hospital had been conducted. The application of guidance method with new preceptorship model can be implemented on Profession Ners students, while for students from other institution with different competence achievement, have not been able to apply preceptorship guidance method. The purpose of this study was to analyze the effectiveness of learning media practicum of nurse knowledge about clinical guidance Preceptorship method.

METHODS

Quantitative research with quasy experiment design Pre test & Post Test With Control Group. The research respondents were 30 Nurse at hospital. used purposive sampling. Intervention group: provide 1 day training of preceptorship with lecture, question, answer, discussion and assignment methods. Providing advanced training on the second day by practicum method in hospital treatment room followed by measurement of knowledge value (post test). Control group: provide 1 day training of preceptorship with lecture method, question, answer, discussion and assignment followed by measurement of knowledge (post test).

Analysis of research data used the Wilcoxon test to determine differences before and after preceptorship training. Collected research data were: first, the researchers conducted training for nurses who were appointed as preceptorship trained.. The second stage is making learning media videos about preceptorship training. The third stage is the measurement of nurses knowledge (pre-test data). Two days after the pre-test data collection, a video intervention was made through the WhatsApp group media, and a discussion session was opened. One week after giving the intervention was measured (post-test data). Analysis of research data used the Wilcoxon test to determine differences before and after preceptorship training

This research was approved by Ngudi Waluyo and Karya Husada University. We comply with ethical and administrative agreements from Public Health Office, the Semarang District Health Office, the Semarang District Education Office, and the hospital administration. We met with the head nurses student (case manager) about this study, and we informed the nurses who participated as research respondents about the details of the course of the study and asked for informed written consent if they agreed to participate. After obtaining approval, the data collection stages are then carried out.

RESULTS

The characteristics of the respondents indicated that the average age of the respondents was 30-51 years.

Table 1.
Respondents' Knowledge of Preceptorship Methods In Group Intervention and Control Group
(n = 30)

| Variabel | Mean | SD | Min-Max |
|---------------------------|-------|-----|---------|
| Age of Intervention Group | 41.47 | 5.8 | 30-50 |
| Age of Control Group | 40 | 5.6 | 33-51 |

Table 2.
The Score of Knowledge before Treatment (n=30)

| Variable | Intervention Group | | | Control Group | | | p |
|--|--------------------|-------|---------|---------------|------|---------|------|
| | Median | SD | Min-Max | Mean | SD | Min-Max | |
| Preceptorship Knowledge <i>Pre Test</i> | 43 | 10.32 | 17-57 | 39 | 9.44 | 20-50 | 0.58 |
| Preceptorship Knowledge <i>Post Test</i> | 63 | 2.89 | 57-67 | 57.73 | 5.12 | 50-67 | 0.32 |

Table 2 shows the score of knowledge before treatment in the intervention group 43 and in the control group 39. Whereas the knowledge score after treatment in the intervention group 63 and in the control group was 57.73

Table 3.
Differences Score Respondents' Knowledge of Preceptorship Methods In Group Intervention and Control Groups (n = 30)

| Variable | Intervention Group | | | Control Group | | |
|--|--------------------|--------|------------|---------------|--------|------------|
| | Median | p | Difference | Median | p | Difference |
| Preceptorship Knowledge <i>Pre Test</i> | 43 | 0.001* | 10 | 39 | 0.000* | 18.3 |
| Preceptorship Knowledge <i>Post Test</i> | 63 | | | 57.3 | | |

* Significance at $\alpha=0.05$.

The result of knowledge analysis from table 3 indicated that there was a significant difference between the knowledge of preceptorship before and after treatment in the intervention group ($p = 0.001$; $\alpha = 0.05$) by the difference of score 10. While in the control group there was also a significant difference between respondents' knowledge before and after treatment with ($p = 0.000$; $\alpha = 0.05$) with score difference of 18.3.

Table 4.
Differences in Respondents' Knowledge of Preceptorship Methods between Intervention Groups and Control Groups (n = 30)

| Variabel | Intervention Group | Control Group | Median Difference | p |
|--|--------------------|---------------|-------------------|--------|
| | Median | Mean | | |
| Preceptorship Knowledge <i>Pre Test</i> | 43 | 39 | 4 | 0.512 |
| Preceptorship Knowledge <i>Post Test</i> | 63 | 57,7 | 5.7 | 0.001* |

* Significance at $\alpha=0.05$.

The results of the analysis of knowledge from table 4 show no significant differences between knowledge before treatment in the intervention group and control group ($p = 0.512$; $\alpha = 0.05$). While in the knowledge variables after treatment there was a significant difference between the control group and the intervention group ($p = 0.001$; $\alpha = 0.05$).

DISCUSSION

Respondents' Knowledge of Preceptorship Methods

The knowledge scores achieved by nurses at hospital in the after-training intervention group showed a score of 67. This score showed a 46% increase in knowledge score compared to before the training. This suggests that the training of preceptorships by the method of direct practice / role playing can help in increasing the score of knowledge of clinical preceptorship guidance methods. However, the increased scores of knowledge in the intervention group after training were still less than 50%, this result is probably due to the varied background of the long experience of being a clinical counselor, nurse education level and insufficient retention of knowledge and good experience.

Differences Score Respondents' Knowledge of Preceptorship Methods In Group Intervention and Control Groups in hospital

Preceptors' knowledge is significantly increased after attending preceptorship programs. Evidence showed significant improvement and increase in nurses' knowledge after conducting preceptorship programs (Adams & Bond, 2016) . Nurses gain knowledge, have an opportunity to provide feedback, evaluate new nurses in a more appropriate manner, and prepare preceptors for their role. Preceptors need to know how to evaluate new nurses and give feedback and require appropriate skills and knowledge to handle conflict situations (Chen, Y. M. & Johantgen, M. E, 2010). Therefore, support should be provided to nurses to assist them to become successful in their roles and serve as a role models. Preceptors need to know how to evaluate new nurses and give feedback and require appropriate skills and knowledge to handle conflict situations (Chambliss, 2010).

In nursing practice, closely observing and giving feedback to new nurses was also a process of growth through making efforts to acquire positive feedback and constructive feedback skills for preceptors. (Ward. A.E, 2018). Preceptors know the importance of critical thinking, although it has been difficult to communicate it logically. Previous studies have also shown that the core competency of preceptors is affected by critical thinking ability . Therefore, in the future, specific training to increase critical thinking ability should be considered as a preceptor education strategy.(Jeong, Ju, Choi & Kim, 2021).

Differences Score Respondents' Knowledge of Preceptorship Methods In Group Intervention and Control Groups

Therefore, support should be provided to nurses to assist them to become successful in their roles and serve as a role models (Cowin, Johnson, Craven, & Marsh, 2018). Training and management support are required to balance preceptors' roles as clinicians and mentors. This may be achieved by involving numerous organizational stakeholders (Creswell, 2013) . According to Delfino et al.,2018, all stakeholders within an institution should support preceptorship programs in order for them to be successful and sustainable, including the chief of nursing, senior nurses, front line managers, and staff nurses at health care settings (Hasibuan, 2003) .

However, these authors also found that if these preceptors had not received any support or caring, job satisfaction of preceptees and preceptors may have decreased and intention to leave health care settings may have increased (Hayes, Bonner & Pryor, 2010). Preceptors also require support from their hospital units and organizations to deal with workplace demands (Huber, 2010). Implementing a structured preceptorship model is relevant and significant to Indonesia because it aligns with National Health Strategy that aims to ensure professional education and development of nurses (Hwang, et all, 2019) . These nurses have a vital role as

the base of service and care in health care settings (Iliopoulou, & While, 2010). Maintaining their performance and competence is very important to ensure better patient outcomes and safer environments (Jones, Sambrook & Irvine. , 2019) . Organizational support is very significant in order to provide orientation and training to ensure that nurses are not overwhelmed by their responsibilities and complex patients, allowing them to focus on patient outcomes (Leer, 2016) . Without this support, new nurses may leave nursing altogether. Manager must develop strategies to support and retain new nurses with the aim of improving patient and organizational outcomes (Nursalam & Ferry effendi, 2018).

To date, numerous studies have been conducted to describe the impact and outcomes of different models of preceptorship for graduate nurses and students (Swansbrug, 1996). Some studies on preceptorship most often attempt to clarify the effects of preceptorship on new nurses and approaches to increase retention rate (Wulandari & Subekti, 2013) . However, limited studies have been done to explore the impact of preceptorship models on new nurses, preceptors, and entire organizations (Schnall, 2015).

The PAR revealed that the OMP-based PEP is an effective strategy for capacity building among nurses. Further, such strategies are required to support nursing educators and nursing departments. Systematic and supportive programs for improving nurse competency is important for the preceptorship. Similarly, support and encouragement for preceptor nurses are important for effective preceptorship operations, and it is necessary to help them at the organizational level. In addition, PAR can be used as a very effective intervention strategy to help clinical nurses learn and grow.(Jeong, Ju, Choi & Kim, 2021).

The implementation of the education only nurse system aims to alleviate the workload of practicing nurses and reduce the turnover rate of new nurses who must go through a series of processes, such as training opportunities, operation, and evaluation (Ward. A.E, 2018). Since this system is relatively new, it is thought that a more successful system can be established only after various trials and evaluations. Therefore, this study is significant in that it expands the role of nurses in charge of education, highlights the need for continuing education among preceptor nurses, and promotes reflection by new nurses concerning their roles. (Jeong, ju, Choi & Kim, 2021).

CONCLUSIONS

Nursing knowledge scores in the intervention group and control group experienced an increase between before and after training. There is a significant difference of nurse knowledge between before and after treatment in the intervention group and control group in hospital. There was no significant difference in nurse knowledge between the intervention and control groups before the training. There was a significant difference between the Nursing Knowledge between the intervention group and the control group after the training at hospital Preceptorship training with effective role playing practice method improves the knowledge score of nurses in hospital. Suggestions in this study include applying the results of the training on the process of clinical counseling method of Preceptorship thoroughly in hospital, improving the supervision of prescribing clinical methods preceptorship and helping improve the role of nurse as a preceptor in the clinic. Adequate preparation of preceptors leads to successful preceptorship programs and maximized clinical experience of those preceptors.

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