Original Article

Perception of Senior Nursing Student toward Clinical Preceptor's Performance: Clinical Evaluation

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Abstract

Background: Clinical preceptor's performance is one the clinical evaluation to provide information about clinical setting succesfully. The objectivity of the Clinical preceptor's performance can be inform from the perseption of the student.

Objective: This study was to identify perception of senior nursing student toward clinical preceptor's performance.

Methods: Cross sectional study was used in this researh. Total sampling technique was used to recruit the participants. Data was obtained from 53 senior nursing student of University of Muhammadiyah Malang who already passed in community departement clinical setting.

Results: More than half of participants were female (64.2%). Most of the clinical preceptor's performance were classified as good performance (73.6%). In detail questionnairre showed that more than half of the participant reported the clinical preceptor delevered the learning objectives prior to the initial meeting, described the case, looked confident while guidance, accepted critism, toleranced with diversity, and facilitated the achievement of student competency.

Conclusion: It can be concluded that nursing student having good perception in preceptor clinical performance. Thus, the competency of the nursing student can be achieved and nursing student

Keywords: Nursing student, Perception, Clinical preceptor, Performance

Introduction

Clinical education is an essential component in nursing education curriculum. Students are looking forward for the first experience in caring the patient. The demand for preparing nurse students who can give holistic care and manage complex problem as well as psychosocial issues is adhere to the nursing clinical education.

Complex procedure, nursing care plan, complex pathophysiology of disease, and family and health care team member interrelatedness

frequently gives pressure for nurse students (Scholtz, 2008).

Individual and environmental appraisal variation will give impact for the student perception on clinical experience as a challenging or threatening event. As an individual interact differently to the environment, the significance of interaction is a unique situation for each students. Students who appraise clinical experience as challenging event has potency to evolve. On the other hand, students who appraise clinical experience as threatening event has

potency to deal with stagnantion and failure (Scholtz, 2008).

Previous study shows that students have perception to the clinical learning process that is accepted. Students stated that clinical supervisors who provide support were positively influencing their perception to the clinical learning experience. Furthermore, clinical mentorship and practice were involving to student's clinical skill and confidence enhancement. Student express that mentor or supervisor is responsible for organizing clinical learning program (Gidman, McIntosh, Melling, & Smith, 2011).

Nursing practice is the resource and objective of nursing knowledge. Nursing, as a practical knowledge and a profession, takes unique focus on what it is being human. In the nursing education, principal which is well approved. Schoenhofer. (Parker & 2008). Clinical evaluation is a process by which judgments are made about learner's competencies in nursing practice. The clinical preceptor's observation of student performance should focus on the outcomes to be met or competencies (Oermann and Gaberson. 2009). Therefore, good performance from preceptor is needed in clinical evaluation to evaluate student competencies.

Mostly previous studies reported about clinical evaluation of student nurse. A studied by Wood (1986) reported that However to provide good learning in clinical setting, nursing student need good clinical preceptor's performance.

The preceptorship evaluation capture nurses the opportunity to evaluate the preceptor's performance, the preceptorship support at the practice site, and the job satisfaction. Clinical preceptor should have these domain, are as teacher, facilitator, role model, provider of feedback, and adept at adult learning principles (Moore, 2009).

Clinical preceptor is required to orient the student to the facility and to the unit as necessary, to facilitate student involvement in daily nursing staff activities as appropriate for level and objectives and to recognize that the student needs an environment of support, feedback and inquiry (School of Nursing, Columbia University, 2016).

Evaluation of preceptors provides an opportunity for nurses to evaluate the performance of preceptor, preceptor support in practice and satisfaction in work. The clinical preceptor should have the following domains, namely as a teacher, facilitator, role model, feedback and proficient in the principles of adult learning (Moore, 2009) The clinical preceptor needs to direct students to facilities and units as needed, facilitating student involvement in daily care activities according to their level needs and objectives, and recognizing student needs for support, feedback and explanation (School of Nursing, Columbia University, 2016).

Nursing students as educational participants have a role in the educational process, including in clinical education. Evaluation of preceptorship can be done one of them through student assessment of the process of preceptorship. Students in the process of preceptorship activities directly with the guidance of preceptor.

Therefore, students can see how the performance of the preceptor. Student perceptions of preceptor performance can be one of the inputs in clinical evaluation.

Methods

Design

This study used cross sectional study and descriptive analysis for explaining the significant event that is present nowadays.

Population and Sample

Participants in this study were 53 nursing student of University of Muhammadiyah Malang who already passed clinical setting at the community department in Februari 2018. Total sampling technique was used to recruit the participants.

Setting

This study conducted in Faculty health science, University of Muhammadiyah Malang during January – february 2018.

Data collection

Data collection in this study used selfadministered questionnaire to measure demographic data and clinical preceptor's performance. Data collection took about 15 minute. The questionnaire were:

Demographic data

Demographic characteristics of the participants included age, sex and name of public health center which place of clinical setting.

Clinical Preceptor's Performance

Clinical Preceptor's Performance survey was adopted from Nurhidyah (2016) and modified by researcher. This survey was to examine clinical performance in the community setting. The instrument consisted of 20 items with response type of likert scale. The Clinical Preceptor's Performance was classified into three levels: Good (\geq 64), Fair (63-48) and low (<48) (Bloom, 1956). The Cronbach alpha of Clinical Preceptor's Performance was 0.91.

Data analysis

Data analysis conducted in this study is univariate data analysis to know the number of respondents, percentage, and frequency. The data can be seen mean, median and standard deviation if normal data distribution.

Ethical Clearance

This study was approved by the Ethical Review Board (ERB) of University of Muhammadiyah Malang (ERB No. E.5.a/043/KEPK-UMM/II/2018).

The ERB approval was required in order to seek approval from the Dean of faculty of health science.

Results

Regarding the emographic data table 1 shows that more than half of participants were female (64.2%). The median of age of the participant was 24 with standart error 0.16. Table 2 showed that most of the clinical preceptor's performance were classified as good performance (73.6%).

Clinical preceptor's performance in detail can be seen in table 3. Aproximately more than half of the participant reported that clinical preceptor was ready to guide students during the practice (66%), and about 2 % showed clinical preceptor was rarely ready to guide students during the practice. Approximately more than half of the participant reported that Clinical preceptor delivered the learning objectives prior to the initial meeting (71.7%) and lower than 10% showed that clinical preceptor rarely delivered the learning objectives prior to the initial meeting. Aproximately half of the participant reported that clinical preceptor never provided a atmosphere tense during guidance. Aproximately more than half of the participant reported that clinical preceptor provides a special time to discuss the case (62.3%). Aproximately more than half of the participant reported that Clinical preceptor describes the matter / case systematically (73.6%).

Demographic data	Frequency	Percentage	
Sex			
Male	19	35,8	
Female	34	64,2	
Age (years)	Median	Std Error	
	24	0,16	

Table 1 Number and percentage of demographic data of participants

Table 2 Clinical Preceptor's Performance

Clinical Preceptor's Performance	Frequency	Percentage	
Good	39	73.6	
Fair	13	24,5	
Low	1	1.9	
Total	53	100	

Item Questionnaire	Always (%)	Often(%)	Rare(%)	Never(%)
Clinical preceptor is ready to guide	66	32.1	1.9	0
students during the practice				
Clinical preceptor delivers the learning	71.7	18.9	9.4	0
objectives prior to the initial meeting				
Clinical preceptor provides a tense	15.1	15,1	18.9	50.9
atmosphere during guidance				
Clinical preceptor provides a special time	62.3	32.1	5.7	0
to discuss the case				
Clinical preceptor describes the matter /	73.6	18.9	3.8	3.8
case systematically				
Clinical preceptor is able to provide	64.2	30.2	3.8	1.9
relevant examples of nursing care				
Clinical preceptor uses the results of the	47.2	28.3	24.5	0
current research (evidence base) while				
conducting guidance				
Clinical preceptor looks confident during	67.8	24.5	3.8	3.8
guidance				
Clinical preceptor is willing to accept your	64.2	22.6	13.2	0
criticism, suggestions, and opinions				
Clinical preceptor tolerances to the	69.8	28.3	1.9	0
diversity of students' abilities				
Clinical preceptor guides according to the	58.5	30.2	11.3	0
agreed schedule during practice				
Students may consult clinical preceptor	79.2	20.8	0	0
Clinical preceptor performs bed side	67.9	17.0	13.2	1.9
teaching				
Clinical preceptor provides a proportional	71.7	22.6	1.9	3.8
score between case reports and clinical				
skills				
Clinical preceptor comes as needed	54.7	28.3	13.2	3.8
Clinical preceptor controls the subject /	67.9	30.2	1.9	0
mastery of guidance topics				
Clinical preceptor uses the correct method	60.4	37.7	1.9	0
of learning				
Clinical preceptor is able to facilitate /	69.8	20.8	7.5	1.9
encourage / support cross-sectoral				
cooperation				
Clinical preceptor facilitates the	71.7	22.6	3.8	1.9
achievement of student competency targets				
Clinical preceptor evaluates each learning	62.3	28.3	7.5	1.9
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 Table 3 Detail questionnaire of clinical preceptor's performance

Discussion

Based on the result of this study showed that most of the clinical preceptor's performance were classified as good performance. It might be caused by the participant reported the clinical preceptor always delevering the learning objectives prior to the initial meeting, describe the case, look confident while guidance, accept critism, tolerance with diversity, facilitates the achievement of student competency targets, and evaluates each learning. However some participants reported that clinical preceptor didnot always uses the results of the current research (evidence base) while conducting guidance.

Previous research indicated that students have perception of accepted clinical learning process. Students state that clinical counselors who provide support have a positive impact on student perceptions in clinical education experience. Furthermore, mentors and clinical cultures have an influence on clinical skills and increased self-esteem. The student submits that the mentor or mentor is responsible for developing the clinical learning program (Gidman, McIntosh, Melling, & Smith, 2011).

Preceptor can also experience pressure in providing clinical learning for nursing students. To overcome these problems preceptor requires a strategy to overcome the pressure. Preceptor can provide experience-based teaching, manage patient care as expected, adjust clinical learning to fit the curriculum, encourage colleagues to assist in the student education process and ensure administration-related student practice clearance at the clinic (Burns et al., 2006).

Helping nursing students to gain meaningful clinical experience becomes the task of preceptor. To fulfill this preceptor must be able to show the character of a person who has the desire to share knowledge and skills in nursing students. Preceptor must have a stock of nursing students knowledge that will be guided to know the needs of learning. Furthermore, facilitating students to pass through the transition from academic learning process into a clinical learning process becomes one of the preceptor responsibilities (Kaviani & Stillwell, 2000).

Conclusions

It can be concluded that nursing student having good perception in preceptor clinical performance. perhaps It can support competencies of the student to be achieved. The results obtained can provide information on the performance of clinical counselors in the practice area and as an evaluation to achieve student ners competence, especially in community departments.

Acknowledgment: The authors thank the University of Muhammadiyah Malang for Faculty Blockgrand funding and Dean of the faculty of health science for supporting.

References

- Bloom, B.S. 1956. Taxonomy Education Objectives: The Classification of Educational Goals by A Committee Of College And University Examiners. Longman, New York
- Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the Preceptor Role: Challenges of Clinical Teaching. Journal

of Pediatric Health Care, 20(3), 172-183. https://doi.org/10.1016/j.pedhc.2005.10.012

Gidman, J., McIntosh, A., Melling, K., & Smith, D. (2011). Student perceptions of support in practice. Nurse Education in Practice, 11(6), 351-355.

https://doi.org/10.1016/j.nepr.2011.03.005

- Kaviani, N., & Stillwell, Y. (2000). An evaluative clinical preceptorship. Nurse study of Education Today, 20(3), 218-226. https://doi.org/10.1054/nedt.1999.0386
- Moore, Marsha L. Developing the Preceptorship Evaluation Survey. Journal for Nurses in Staff Development 2009: 25 (5): 249-253.
- Nielsen, K., Finderup, J., Brahe, L., Elgaard, R., Elsborg, A. M., Engell-Soerensen, V., Sommer, I. (2017). The art of preceptorship. A qualitative study. Nurse Education in Practice, 26, 39-45.
- Nurhidayah, R.E., Aryani, E, & Siregar, C.T. (2016). Persepsi Mahasiswa Stikes Swasta Di Medan Tentang Implementasi Preseptorship Pasca Pendidikan Profesi Ners. Conference: Seminar dan Workshop Nasional Keperawatan, At di Rumah Sakit Pendidikan Bandung, West Java, Indonesia
- Oermann, M.H and Gaberson, K.B. (2009). Evaluation and Testing in Nursing Education. 3rd Ed. New York: Springer Publishing Company
- Parker, M. E., & Schoenhofer, S. O. (2008). Foundation for nursing education. In B. A. Moyer & R. A. Whitman-Price (Ed.), Nursing education : foundations for practice excellence (hal. 3–14). Philadelphia: FA Davis Company
- Scholtz, S. M. (2008). Managemen strategies in client care settings. In B. A. Moyer & R. A. Whitman-Price (Ed.), Nursing education: foundations for practice excellence (hal. 251-264). Philadelpia: FA Davis Company
- School of Nursing, Columbia University. (2016). Preceptor Handbook. Available source: www.nursing.columbia.edu