

Pulse Check Papers



Public Relations and the Nursing Preceptor Role

Pulse Check Papers are informal articles written on a range of topics designed to stimulate your thinking and discussion.



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A Pulse Check Paper by Gilly Johnson, Director (July 2010)



'The way in which a nurse does her work—more important still, her attitude toward her work and her profession in general—influences others and moulds public opinion whether she realises it or not. Opinion moulding and good will building are not confined to the orthodox publicity media of press, radio, motion pictures, and the printed word.' (Henderson 1948, p. 514)

The quote above (while showing it's age in terms of diversity of gender in nursing and terminology) shows that some **62 years ago** it was recognised that the way in which nurses go about the business of nursing has the **potential to influence others and mould public opinion about nursing**. So what of this notion of public relations and the role of preceptors in contemporary nursing.

According to the Chartered Institute of Public Relations (CIPR), **public relations is about reputation**—the result of what you do, what you say and what others say about you.

Within the nursing profession, **preceptors are defined in broad terms** as an experienced nurse who provides support and guidance to nursing learners (including nursing students, nursing graduates, nurses re-entering the workforce, and nurses in clinical transition). Activities of the preceptor may include (but are not limited to):

- Orientation to the nursing and healthcare environment
- Clinical practice and learning activities
- Monitoring of learning progress
- Providing feedback on learning progress
- Assessment of clinical competency
- Helping the learner to feel a sense of belonging in the nursing and healthcare environment.

In many cases, preceptors may be the **first significant 'nurse'** that a learner comes into contact with, and as a result, the preceptor is representing **four key perspectives on nursing**:

- Their own **nursing competency and clinical expertise** in nursing practice
- Their own **personal experiences** of nursing and professional reputation
- The **values and culture** of the organisation and immediate work setting or team environment
- The **nursing profession** as a whole.

Preceptors are in the very real sense the **frontline public relations (PR)** of the nursing profession and the organisation for which they work.

Have you considered your PR role as a nurse/nursing preceptor and the potential for influence that you hold?

Consider these 'real' nursing situations:

- *'Re-entry nurse has 19 preceptors in one month—competency log book taken home by preceptor and lost—twice. Re-entry nurse has to complete a further month of placement at own cost.'*
- *'Student nurse in tears most nights—perceives their presence on the ward as an inconvenience.'*
- *'Student nurse on the roster—easier to fit in and "be on of the team" than make a fuss about learning objectives.'*
- *'Nurse turns up first on shift one day—told they are to be a preceptor.'*
- *'Students turn up unannounced to the ward—no one knew they were coming.'*
- *'Preceptors finds it difficult to give feedback about poor performance—learner not receptive—preceptor does not want to hurt feelings.'*

Plus—Bringing Nurses Back into the Workforce Program—cancelled due to lack of uptake by nurses (June 2010).

These types of scenarios are backed by regularly appearing articles in contemporary media. Two recent examples of articles dealing with nursing that underpin the public relations role of nurses include:

A Shame No one Wants to be Nurse—this article appeared in the Weekend Australian Financial Review (www.afr.com) on 29-30 May 2010. This article started with an overview of a presentation that Minister Nicola Roxon had given, where she pointed out that nurses outnumber doctors by about four to one, and where she was quoted as saying: *'The health system can't run without you.'* The article went on further to explore a number of reasons as to why individuals decide to be nurses and why nurses decide to stay or leave the nursing profession.

A Lack of Care is Pushing Nurses Out—this article appeared in The Age on Saturday, 17 July 2010. It was written by a former nurse who had recently attended a reunion of her original nurse training cohort who had trained at the Royal Melbourne Hospital some 20 years ago, and where only half of the original 60 graduates were still nurses. The author asks the question: *'So why aren't good nurses nursing any more?'*

Each of the above scenarios is a 'real' scenario that has taken place in a healthcare facility or healthcare policy scenario, and the two articles were published in national newspapers very recently.

How do you feel as a nurse when you read about these situations? What do you consider are the PR elements of these?



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So how can PR be incorporated into the Preceptor role?

There are **three facets to PR in the nursing preceptor role.**

The first PR element is **how the role of preceptor is viewed and valued by the nursing profession itself.** The guiding documents of the nursing profession including the Code of Ethics*, Code of Professional Conduct*, and National Competency Standards for the Registered Nurse* while perhaps not specifically using the terminology of 'preceptor', all provide reference for the conduct of nurses who undertake roles that support learners. For example:

Value Statement 2 of the Code of Ethics says that: *'Nurses supporting and mentoring students provide positive role models for future practice.'*

Conduct Statement 10 of the Code of Professional Conduct says that: *'Nurses contribute to the professional development of students and colleagues.'*

Standard 4.3 of Domain 2 (Critical Thinking and Analysis) of the National Competency Standards for the Registered Nurse describes specifically that *'Nurses will contribute to the professional development of others.'*

Inherent in each of the above examples is perhaps an 'un-written' philosophy that part of the ongoing ethical basis, conduct and competency standards for all nurses is that being involved in the development of another person (learner) is a professional requirement and that it should lead to positive roles models of future practice.

How do you view the above examples? Do you think that all nurses acknowledge their role in helping others to learn?

(* incorporates references to these documents for Midwives and Enrolled Nurses)

The second PR element is **how the role of being a preceptor is perceived by nurses themselves.** Evidence would suggest that there are multiple ways in which a nurse may come to be a preceptor, and these could range from 'turning up on shift first' through to a formal selection process. The way in which someone comes to be a preceptor in the formal sense **could be** a vital cog in how that nurse carries out the preceptor function and in turn influences the experience of the nursing learner in their care. Given the commentary in the first PR element (eg. The professional expectation of involvement in the development of another), it's also useful to consider whether nurses themselves differentiate between informal 'buddy' roles and formal 'preceptor' roles in their perception of a learning support role.

The third PR element is then **how nurses undertake the role of nursing preceptor and the impact of this activity on nursing learners,** so many of whom are the future nursing workforce and are making career decisions which could see them continue their education towards being a nurse OR decide to work in another career stream.

To illustrate this point, consider these '**welcoming**' statements by a preceptor when first meeting their learner—consider how you might feel as the learner if this was the greeting that you received:

'I didn't know you were coming today—you'll just have to tag along and follow my lead.'

'We've got a very busy shift today so I won't have much time to teach you anything.'

'I don't know how the NUM thinks I'm supposed to preceptor you—I've got a full patient load and have my hands full just coping with that.'

'When I did my training we spent much more time in the hospital—I don't know how you will get the clinical skills you'll need to be competent.'

What's your impression of these welcoming statements? How would you feel if this was how you were greeted as a nursing learner? How would you feel if you managed nursing staff who greeted nursing learners with this type of statement?

Dr Tracey Levitt-Jones of the University of Newcastle in her **Ascent to Competence** conceptual framework identifies the importance of how a sense of belongingness for the nursing learner can influence their clinical learning. Her work explores how nursing leaders have the potential to impact the professional socialisation of nursing learners (in particular nursing students) and as a result, the learning, the extent to which they are willing to question or comply with poor practice and their future career choices. Dr Levitt-Jones talks of nursing leaders in her work, with a direct link to the role of the nursing preceptor. **Do you consider you are a nursing leader as a preceptor?**

Nursing preceptors are the frontline Public Relations for the nursing profession, the healthcare organisation, the specific workplace, and most of all—for their own personal professional standing. As you consider **Public Relations and the role of the Nursing Preceptor**—just stop for a moment to consider the **significant influence and impact** that this role can exert, both **positively and negatively,** on **nursing learners of all types.**

What PR for would you like to stand for as a Preceptor?



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Reflective Checklist

Take a moment to review the checklist of questions relating to preceptorship and learners. The idea is to stimulate your thinking about both of these areas.

- How is the role of preceptor defined in your organisation? Is it a formal or informal role?
- How is the role of a preceptor perceived within your organisation? Is it just a hindrance or a desired activity to be involved in?
- How is a preceptor differentiated from a buddy within your organisation?
- How do nurses come to be a preceptor—it is first on shift or is this a role where people are actively identified or encouraged to take on?
- What education do preceptors receive:
 - Initially?
 - Ongoing?
- What support do preceptors receive:
 - Initially?
 - Ongoing?
- How are preceptors rewarded or recognised within the organisation?
- Do preceptors still carry a fully clinical load? If so—how do they manage to fulfil their nursing responsibilities and that of the preceptor?
- How are learners (in general) perceived at your organisation? Are they seen as an inconvenience or are they welcomed?
- How are different learners helped to feel a sense of belonging at your organisation—for example:
 - Student nurses?
 - Re-entry nurses?
 - Graduate nurses?

About The Nursing Centre

The Nursing Centre is a division of The Australian Mentor Centre and focuses on supporting and strengthening nurses.

Our key functions revolve around two areas of focus:

- Develop your career**—career and related support systems for individual nurses and small nursing associations.
- Grow your workforce**—innovative programs, resources and education to grow the nursing and healthcare workforce.

The Nursing Centre has key relationships, with a number organisations, both nationally and internationally, to ensure we bring to you the very best we can in innovative nursing services and programs.

We hope you will attend one of our regular public education events or contact us to see how we can work with you onsite at your organisation to help you make a difference to your workforce and patient care.

Opportunities at The Nursing Centre

Are you an experienced nurse, with extensive nursing experience and a passion education? We'd love to hear from you—perhaps you are 'consultant' material and would like to talk with us about delivering our programs across Australia.

Are you a small nursing association? Why not partner with us to provide your members with a FREE career centre. Please contact our team at:

Email: info@thenursingcentre.com.au

Tel: 1800 100 848

Web: www.thenursingcentre.com.au

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