Defining role models for staff orientation

A supportive role model for new members of staff combines a variety of skills

This article examines the need for a formal role model to help integrate new staff within a unit. While acknowledging the range of titles and functions ascribed to such a role in the literature, the author suggests that the essence of the role and its formal recognition has benefits for experienced staff and orientees alike.

The importance of a supportive role in the transition from student to registered nurse is undeniable. Such a role is also vital for staff entering new clinical areas. This role is relatively new in the UK, but it is clear that the supportive role model has always been present in the form of experienced practitioners who impart their knowledge, skills and attitudes both formally and informally.

It is important to socialise new recruits into the goals and culture of a unit to enable them to contribute as fully as possible. Once integrated, new staff can contribute to the efficient running of the ward. To achieve this, organised orientation programmes and support are vital.

Defining the supporting role

There are several names for this supportive role. Beckett and Wall (1) used the term 'facilitator' and stated that all trained staff should accept their individual roles as facilitators, helping each learner extend his or her knowledge by setting and evaluating appropriate and acceptable goals.

Beckett and Wall also stressed the ongoing nature of the facilitation and recognised the learner as an individual and the facilitator as a role model, who derives strength from his or her own expertise, self-worth and autonomy. Their interpretation of the supportive role did not recommend facilitator/learner ratios or optimum contact time. They also made the assumption that all trained staff can accept this role, neglecting to mention whether training or experience are necessary.

The term 'mentor' gained popularity in the 1980s, but still lacks a clear definition of role, function and preparation (2). Some suggest a mentor as an older, expert practitioner who guides, looks after, advises on career decisions and acts as a confidant (3, 4). This takes a rather paternalistic attitude towards the relationship, and may encourage dependency and conformity, rather than autonomy (4).

A professional nurturing, educative role may be more appropriate, where experienced practitioners enable learners to develop skills, knowledge and attitudes (5), and independence.

Preceptorship

The UKCC PREPP report (6) emphasised the importance of a period of support for newly registered practitioners from experienced professionals, who act as role models known as preceptors. They help to consolidate the competences and learning outcomes achieved at registration, enable learners to accept new responsibilities confidently, and provide comprehensive, appropriate, research-based care.

Ashton and Richardson (7) warned that this period of support must not be confused with a simple orientation programme to a new clinical area. However, they also stated that literature...
from the US describes preceptorship as responsibility for introduction and orientation of new staff to the ward culture.

A preceptor has been described as: 'A unit-based nurse who carries out one-to-one teaching of new employees or nursing students, in addition to regular unit duties' (8). This immediately suggests that the preceptor has skills in teaching, identifying learning needs, prioritising, and time management, which again raises the question of training for the role. More research is needed to identify the length, type and content of instruction required for this role, and whether criteria are needed to select appropriate practitioners.

Kramer (9) defined a preceptor as: 'A nurse who has the ability to integrate education and work values.' Kramer also suggested that preceptorship 'allows the trainee to work and identify with a competent role model'. Piemme et al (10) referred to the preceptor as a service-based nurse with clinical expertise and an interest in working with new employees. Years of experience and levels of expertise needed were not identified, however, and whether all experienced nurses have the ability and enthusiasm to impart knowledge and skills to others is debatable (4).

The ability to break down knowledge into parts to be demonstrated and taught is an essential skill. Nurses may grasp this to varying degrees (11), but many nurses find it difficult to identify their own skills let alone teach them to others (5). However, regardless of the degree of teaching that occurs, all staff are role models. Consciously or unconsciously, new staff, whether experienced or newly qualified, observe and gradually assimilate the culture and expectations of the department.

Challenging opinions

Preceptor responsibilities include orientation to departmental policies, teaching of technical skills, and assistance in the socialisation process (8). The challenging opinions and 'fresh eyes' of the newcomer can be stifled by the socialisation process and opportunities for change can be neglected. One of the responsibilities of preceptors is to be receptive to and implement change (12), while also reflecting on their own clinical competence and professional development (7). However, a stable, supportive environment is necessary to utilise challenge and see it as non-threatening.

Performing the role

Different authors have used the terms mentor, preceptor, role model, facilitator, supervisor, assessor and counsellor. Each term is then interpreted differently depending on circumstances, context, and individual opinions and abilities.

In fact, the name is of little consequence; performance is the key. There appear to be two broad areas to the support role. There is the ongoing, closer, more personal relationship, that combines counselling and career advice with greater emotional investment. It is usually unplanned, extended over a number of years and termed a mentorship role. Second, there is the more clinically active, preceptorship role, that combines teaching and developing clinical competence with feedback, and is of shorter duration (4, 7). However, these roles do merge and overlap. Peutz (13) suggested a continuum where role modelling commences as preceptorship and develops into mentorship.

Learners' needs

The importance of support while orientating to a new area cannot be denied. Learners may not be totally aware of their own needs, and require help to identify learning objectives (1). This is congruent with Benner's (14) description of a novice; learning, however, cannot be forced, only facilitated. Tough (15) noted that: 'Learning can proceed very effectively when guided,' and: 'The person who is already successful in an occupation knows exactly what knowledge and skills are necessary...and can modify the teaching process according to the needs of the learner.'

Therefore, a preceptor, who is an experienced colleague and aids orientation by helping to set learning objectives, is vital to the successful integration of new staff.

Burnard (11) warned that the mentor relationship cannot be one of equals. However, the support of a peer to help integration into the environment is a relationship between equals; respect for the other’s knowledge and experience can enable both to gain from the relationship.

The fear of dictating to an experienced colleague while facilitating his or her orientation, may prevent full discussion, but this can be resolved to some extent by the presence of an orientation package which sets out learning guidelines. In this situation, the role of resource person is perhaps more appropriate (8). In support of this view, the preceptor’s function as a role model is easily fulfilled by others; everyone who comes into contact with the new staff member will act as role models, whether good or bad.

The quality of the role is controlled by the quality of the relationship, and this raises the question of how preceptors are chosen and if they can be chosen.

Skills

Those with previous registered nurse experience may be able to draw on the core competencies of the advanced practitioner (16) - communication, analysis, problem solving and reflection on practice - to enable learning. However, even experienced nurses in a new situation as novices may be unable to put separate tasks into context, and see things as a whole instead of disjointed parts (14). A teacher’s task (17) is to promote perception of new situations, or ‘insightful learning’.

However, help to prioritise and conceptualise suggests that someone more than a resource person is necessary. The terms resource person and role model emphasise the responsibility of the
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Preparation: Preparation for this supportive role, whatever term is to be ascribed to it, is necessary. The ideal preparation has yet to be defined and therefore varies considerably, but attendance at study days does not necessarily mean that learning has taken place. It can also be questioned whether all experienced members of staff can fulfil the role efficiently and willingly regardless of training. In addition, if courses are attended and skills are assimilated, then support for the new preceptor is also vital.

Conclusion: One of the advantages of adequate preparation and support for new members of staff is early integration and efficient, effective practice. Supporting new staff encompasses the skills of coaching, leadership, communication, decision making, identifying learning needs, teaching, supervising, facilitating and enabling self-evaluation. The role has been described as facilitator, mentor, preceptor, resource person or buddy. The name is of little consequence if skills and enthusiasm for the role are displayed.

Many questions remain:
- Can all staff take the role?
- How should they be chosen and trained?
- How many orientees should each have?
- How often should they meet?
- How much experience is needed to meet the role?
- How can they be supported?

However, regardless of whether the name and role are grasped, all experienced staff are role models and reflect their personal values and beliefs in the way they work and interact.

Taking on the supportive, nurturing, educative role can be of great benefit. It can bring job satisfaction and stimulate reflection on clinical competence and professional development, emphasising practice as a continuum, and enhancing standards.

References