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Implementation of a Standardized Evaluation Tool to Improve Preceptor Confidence

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Preceptors guide the transition of new graduate nurses into practice. Having access to evidence-based tools for evaluation of new graduate nurses promotes preceptor confidence and consistent measures of performance. The Norwegian Nurse Competence Scale was implemented across three acute care organizations for evaluation of new graduate nurse performance. After implementing a standardized process to evaluate new graduate nurses, individual summary scores ranged from 17–25 (preintervention) to 20–25 (postintervention), indicating mid to high levels of preceptor confidence.

Nurse turnover rates greatly impact financial performance in healthcare organizations across the United States. Greer-Day, Medland, Watson, and Bojak (2015) reported that registered nurse (RN) turnover costs range from $36,000 to $64,000 per nurse, depending on specialty. Li and Jones (2013) reported a 14% turnover rate for bedside nurses in a survey conducted in the private sector and approximately a 28% turnover rate of nurses within the first year of practice. Bullock, Groff Paris, and Terhaar (2011) projected that the nursing profession will experience a 40% shortage of nurses by 2025. In this same year, 33% of practicing nurses will be eligible for retirement; thus, increasing the demand for healthcare workers (Greer-Day et al., 2015). Because of this predicted deficit of nurses, preceptor support is imperative during this critical time, as preceptors play an important role in successful orientation, evaluation of competencies, and retention of new graduate nurses (NGNs; Steffan & Goodin, 2010; Thomas, Bertram, & Allen, 2012). To help provide this support, a standardized evaluation tool focused on the NGN's progression of competencies during orientation would be beneficial while transitioning NGNs into clinical practice.

Effective orientation programs support the transition and retention of NGNs. Serving as preceptors, experienced and confident RNs assume key roles and responsibilities in the orientation of NGNs and evaluation of their competencies and performance (Steffan & Goodin, 2010; Thomas et al., 2012). Evidence supports the use of standardized tools for monitoring and assessing the NGNs' competence (Hargreaves, Shanks, Nichols, & Halamak, 2010; Steffan & Goodin, 2010). The use of standardized evaluation tools help preceptors to provide guidance and expectations for NGN performance and may improve the confidence of preceptors in the evaluation of the NGN. Therefore, the purpose of the project was to evaluate the effect of using an evidence-based standardized evaluation tool regarding NGNs' orientation progression on preceptor confidence.

BACKGROUND

Historically, preceptorship programs were developed for nursing students to obtain experience partnering with experienced nurses for a defined time period (Vanderspank-Wright, Bourbonnais, Toman, & McPherson, 2015). This model not only correlated theory to practice but also promoted clinical exposure for students. In Canada, the intensive care units were the first to pilot this preceptorship education model with preceptors and nursing students, initially referred to as the "buddy system" (Vanderspank-Wright et al., 2015).

Also, in the 1970s and 1980s, hospitals developed centralized hospital-wide orientation programs for new nurses, resulting in more in-depth education as they began clinical practice. After hospital orientation, orientees reported to their assigned areas to begin transitioning into their new role. For some, however, inconsistent unit-based orientations contributed to high turnover rates, reality shock, burnout, and dissatisfaction of the unit nursing staff. These issues led to the development of the preceptorship as the prevailing model for transitioning NGNs into clinical practice (Richards & Bowles, 2012).

Nursing preceptorships are designed to assist new nurses as they transition to their new roles with guidance

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from experienced nurses (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). Preceptors play a critical role in NGNs' transition to practice. In a systematic review of the preceptor literature, Goss (2015) found that educated, competent, and qualified preceptors contributed to a successful preceptorship experience. Moreover, NGNs who participated in a structured orientation, one-on-one precepted internship, or nurse residency program were less likely to leave the nursing profession and experienced an increase in confidence and competence following this learning experience.

According to Benner's novice-to-expert model (Benner, 1982), during the first year of practice, NGNs are transitioning from advanced beginner to competent practitioner (Benner, 1982; Spiva et al., 2013). This transition can be frustrating, discouraging, stressful, and unclear at times for novice nurses because of their lack of skill acquisition and reasoning (Spiva et al., 2013; Thomas et al., 2012). Benner, Sutphen, Leonard, and Day (2010) discussed that some NGNs enter the clinical practice ill-prepared to assume responsibilities as professional practitioners while at the same time acclimating to a new role and acquiring new knowledge and skills. Preceptors play a crucial role in supporting and guiding a successful transition of NGNs into professional practice (Richards & Bowles, 2012). Without this support, unsuccessful transition into the professional role may lead to NGN resignations and protracted turnover.

LITERATURE REVIEW

Job Satisfaction

Lavoie-Tremblay, Paquet, Marchionni, and Drevniok (2011) discussed the relationship between nurse turnover and practice environment from a generational perspective. Nurses born after 1975 reported dissatisfaction with the organization, specifically excessive workloads and stressful physician and nurse interactions, along with a lack of professional development opportunities as reasons for resignation. In contrast, Stichler (2013) reported that nurses aged 55 and older were satisfied with current positions, although some nurses experienced musculoskeletal and other physical challenges. In a qualitative project, NGNs expressed being overwhelmed and frustrated, needing preceptor support, and wanting frequent feedback during orientation (Thomas et al., 2012). NGNs in these studies confirmed the importance of preceptors in developing their professional and practice environment.

Preceptor Role Confidence

Scheduled for a length of time, preceptorships offer support to NGNs and other newly employed staff during the orientation process. Creating one-to-one relationships, preceptorships foster transition and role socialization for the NGN as a member of the healthcare team. As role models, preceptors add value and create an effective learning environment for practice support (Bowen, Fox, & Burridge, 2012). The preceptor role is multifaceted and requires unique abilities and personal characteristics. Shinners and Franqueiro (2015) identified five essential qualities and skills of a good preceptor as being a role model; serving as teacher, facilitator, and clinical leader; and having the ability to provide meaningful feedback. Others indicated ideal attributes for the preceptor role, including motivation, patience, inspiration, and support (Haggerty, Holloway, & Wilson, 2012). Most sources agree that preceptors should be selected with intention and purpose, not randomly or by scheduling convenience (Poradzisz, Kotovich, O'Connell, & Lefavioer, 2012).

Developing one's confidence in the preceptor role is vital because NGNs model behaviors, attitudes, and skills of experienced nurses when adapting to their new work environment (Clipper & Cherry, 2016; Shinners & Franqueiro, 2015). Therefore, preceptors should be role models of professionalism and reinforce acceptable behaviors and attitudes in clinical practice. As clinical leaders, preceptors contribute to clinical judgment and critical thinking by coaching NGNs on recognition and avoidance of potential errors in the clinical setting; thus, impacting clinical outcomes (Clipper & Cherry, 2016; Shinners & Franqueiro, 2015).

Sandau, Cheng, Pan, Gaillard, and Hammer (2011) implemented an 8-hour preceptor workshop addressing Benner's novice-to-expert model, diversity, critical thinking skills, lateral and horizontal violence, and increased preceptor confidence. This workshop was composed of experienced nurses who trained new nurses in their practice area. Findings supported improvements in precepting confidence, coaching of critical thinking, working with different cultural backgrounds, providing constructive and positive feedback, and working with preceptees with a different learning style or personality than the preceptor.

Evaluation Tools

One important aspect of the preceptor role is evaluation of an orientee's competence in job performance (Shinners & Franqueiro, 2015; Steffan & Goodin, 2010). To facilitate this work, evaluation tools should be user-friendly, have clear expectations, be straightforward during the completion process, and mirror the organization's philosophy. Tools should contain subjective and objective assessments for inclusion of quantitative and qualitative information about the orientee's performance and progress.

The preceptor evidence supports a variety of effective evaluation tools. Steffan and Goodin (2010) conducted a project with preceptors (n = 38) using the RN Weekly Performance Summary tool for evaluation of the preceptee's progress during nursing orientation. Nearly three quarters (n = 28) of preceptors agreed, and 18% (n = 7) strongly agreed that the tool, along with the guide, was useful in

displaying orientation progression in newly hired nurses. Hargreaves et al. (2010) conducted a project using a 100-point scale report card with newly hired nurses. This report card was used during nursing orientation and composed of three assessments (self-assessment, instructor's assessment, and competency completions) of the orientee. These assessments were based on skills and knowledge acquisition. For instance, the instructor's assessment measured orientees during simulation scenarios, electronic medical record testing, and knowledge testing. The instructor also assessed three competency skills: central venous catheter dressing change, central venous catheter blood sampling, and catheter patency. Upon completion of nursing orientation, the orientee's performance data were compiled into a report card, which was e-mailed to the unit manager, preceptor, and clinical nurse specialist. The goal of the report card was to ensure success by fostering learning and individualizing the orientee's unit orientation (Hargreaves et al., 2010).

Evaluation tools may help preceptors identify areas for performance improvement or correction. Olmstead, Hoskins, MacCartney, and Little (2013) implemented the Orientation Progress Grading Scale in the emergency department at a community hospital. This tool design focused on identification of employees who were not progressing successfully through orientation. Color-coded zones denoted if performance progressed successfully (green), if an orientee needed counseling for identified weaknesses or unacceptable behaviors (yellow), or if immediate corrective action or even termination of employment was indicated (red). The tools were completed either weekly or biweekly. Preceptors, preceptees, managers, and nursing units benefitted from using the Orientation Progress Grading Scale by decreasing unnecessary employee frustration. Some cost savings were also realized as use of the tool helped to identify orientees who were not ready for advanced training in specialty areas of the hospital, thus minimizing unneeded trainer, preceptor, and material costs.

Orientee evaluation tools measure NGN competence. Used for various purposes in the hospital setting and developed by Meretoja, Isoaho, and Leino-Kilpi (2004), the Nurse Competence Scale (NCS) is a valid and reliable measure of nurse competence. This scale, composed of 73 items, was based on Benner's (1982) first three levels (beginner, advanced beginner, and competent) of nursing practice and seven domains of competence including Work Role, Diagnostic Functions, Managing Situations, Therapeutic Intervention, Teaching–Coaching, Ensuring Quality, and Helping Role. Recent evidence supports the use of the NCS (Cronbach's alpha ranging from .79 to .91) as a measure of NGN competence (Meretoja et al., 2004; Wangensteen, Johansson, & Nordstrom, 2015).

In a psychometric evaluation of the Finnish original version of the NCS, Wangensteen et al. (2015) tested a revised factor structure for translation of the NCS into Norwegian. Exploratory factor analysis confirmed five factors for the Norwegian Nurse Competence Scale (NNCS). The NNCS consisted of 46 items from five modified categories of the NCS. The competence categories were professional leadership, planning and delivery of care, teaching functions, research utilization and nursing values, and professional awareness (Wangensteen et al., 2015). Although the NNCS removed 27 items from the original NCS, internal consistencies of the five categories were confirmed with Cronbach's alphas ranging from .73 to .92 (Wangensteen et al., 2015). The authors found that NNCS may aid in competency development in academia or programs for newly employed nurses (Wangensteen et al., 2015).

METHODS

Design

The project used a pre- and postintervention design with convenience sampling of preceptors participating in an NGN orientation. The aim of the project was to identify the preceptor confidence in evaluation of preceptee performance during NGN orientation. The project was approved by the authors' university and selected facility's institutional review boards.

Participants and Setting

The nursing professional development (NPD) educator sent a recruitment e-mail describing the purpose and procedure of the project to 33 preceptors, inviting them to participate in the project. This e-mail also contained a consent form. Fifteen preceptors who were precepting NGNs from medical-surgical units consented to participate in the project and attended an informational session given by the NPD educator. No incentives were awarded for participation. Preceptors' clinical nursing experience ranged from 1 year to 36 years, with more than half having previous preceptor training. Preceptors typically oriented NGNs for 8–12 weeks in the clinical setting.

Two urban medical centers and one community hospital in the southeastern United States served as the setting for this pilot project. All three facilities are faith-based, not-for-profit organizations and fully accredited by The Joint Commission. A total of approximately 1,500 nurses are employed at all three facilities, and approximately 10% serve as preceptors.

Intervention

Harper and Maloney (2017) discussed seven roles of the NPD practitioner, which included "learning facilitator, change agent, mentor, leader, champion of scientific inquiry, partner for practice transitions, and advocate for the NPD specialty" (p. 7). NPD educators train and support preceptors as they transition NGNs into their practice settings. To

standardize evaluation of newly hired nurses during orientation, the NPD department, composed of educators from various clinical specialties, reviewed several evaluation tools for preceptors to use during orientation. Ultimately, the NPD educator who piloted the project chose the NNCS tool because it provided a systematic approach for preceptor evaluation of NGNs and also because of the tool's confirmed reliability and validity.

Preceptors who participated in the project completed the online preconfidence survey. This survey was sent securely by the NPD educator, via SurveyMonkey, to the preceptor's work e-mail. Then, the NPD educator provided one-to-one instruction to each preceptor on how to use the NNCS tool. After verbalization of understanding by the preceptor, the preceptor completed the NNCS tool biweekly in the clinical setting for the duration of the orientation. The NPD educator frequently rounded on the nursing units, answering questions or concerns about the NNCS tool. Tools were numbered, so there were no identifiers regarding the preceptors or preceptees, thus maintaining confidentiality. Preceptors discussed biweekly evaluations with preceptees to address strengths and weaknesses regarding their progression during orientation. Completed evaluations were placed in a sealed envelope and picked up, hand-delivered, or returned to the author via interoffice mail. A reminder e-mail was sent to preceptors regarding completing and forwarding evaluation tools. Upon completion of the 3-month intervention, the NPD educator asked the preceptors to complete the confidence survey again using SurveyMonkey.

Data Collection Tools

Tools were used to collect demographic data, measure preceptor confidence, and collect feedback from preceptors about using the NNCS. The focus of project analysis was the preceptor's confidence rather than evaluation of NGN competence. Sample demographic data included preceptor gender, age range, educational preparation, years of nursing experience, and completion of a preceptor course within the setting or another healthcare system.

A revised Confidence Scale (C-Scale) was used to evaluate preceptor confidence pre- and postintervention. This tool was originally developed by O'Neill (cited in Grundy, 1993) and used to assess baccalaureate nursing students' level of confidence while performing dressing changes. The tool consisted of five statements with responses answered on a Likert-type scale. At the completion of the survey, scores are summed for a total score. Summary scores can range from 25 (*high confidence*) to 5 (*low confidence*; S. Grundy, personal communication, March 18, 2016). The C-Scale demonstrated high internal consistency (α = .93–.94; Grundy, 1993).

Grundy granted permission to utilize the C-Scale with minor modifications for preceptor use (S. Grundy, personal communication, March 21, 2016). For example, Statement 3 originally stated, "My performance would convince an observer that I'm competent at this task" was changed to "I feel that my evaluation would convince the preceptee that I am competent." Statements used for this project are shown in Table 1. The modified C-Scale had a Cronbach's alpha of .83 for this project, indicating good internal consistency.

TABLE 1 Pre- and Postintervention Frequencies of Confidence Scale Items (*n* = 15)

	Preintervention		Postintervention	
	n	%	*n*	%
1. I am certain that my evaluation of the preceptee is correct				
Fairly certain for a good number of steps	7	46.7	0	0
Certain for almost all steps	6	40.0	8	53.3
Absolutely for almost all steps	2	13.3	7	46.7
2. I feel that my evaluation of the preceptee performance was completed without hesitation				
A good part of it without hesitation	2	13.3	0	0
Almost completely without hesitation	9	60.0	6	40.0
Absolutely no hesitation	4	26.7	9	60.0
3. I feel that my evaluation would convince the preceptee that I am competent				
For much of it	2	13.3	1	6.7
For almost all of it	5	33.3	6	40.0
For absolutely all of it	8	53.3	7	46.7
4. I feel sure of myself as I evaluate the preceptee				
For much of it	2	13.3	1	6.7
For almost all of it	5	33.3	3	20.0
For absolutely all of it	8	53.3	12	80.0
5. I feel satisfied with my evaluation of the preceptee				
For much of it	1	6.7	1	6.7
For almost all of it	4	26.7	3	20.0
Absolutely satisfied with all of it	10	66.7	11	73.3

The author designed three items to evaluate the preceptor's experience using the NNCS tool to guide the evaluation of the orientees' performance during orientation. Questions addressed the preceptor's perception regarding ease of reading the NNCS, appropriateness of the tool for evaluation of preceptees during orientation, and ease of following instructions for using the evaluation tool.

Procedures

Participants signed consent forms at the beginning of the orientation session and completed the C-Scale prior to the intervention. The participants were then educated one-on-one on how to use the evaluation tool for NGNs and the process for returning completed tools. Upon completion of the 3-month intervention, participants completed the C-Scale again through SurveyMonkey. Furthermore, postsurvey data were analyzed through IBM Statistical Package for the Social Sciences (SPSS) Version 24.

RESULTS

All participants (n = 15) completed the demographic, pre and post C-Scale questionnaire and evaluation of the NNCS. Years of nursing experience ranged from 1 to 36 years, with a mean of 7.47 (SD = 10.18) years. Preceptors ranged in age from 20 to 60 years, with a mean age of 34.13 (SD = 12.57) years.

All participants were female. Ten (66.7%) participants had an associate's degree in nursing, and five (33.3%) had a bachelor's degree in nursing. Eight (53.3%) participants had previously attended preceptor training, whereas seven (46.7%) had no previous preceptor training. Preceptors confirmed the ease and appropriateness of the NNCS as a tool for evaluation of orientees during orientation. Thirteen (87.6%) participants reported that the *NNCS was easy to read* and 14 (93.3%) stated that *the questions were appropriate for new graduate nurses*. All preceptors reported the instructions for using the NNCS were clear and easy to follow.

C-Scale summary scores revealed an increase in confidence from preintervention (M = 21.2, SD = 2.68) to postintervention (M = 22.86, SD = 1.75). Preintervention, individual summary scores ranged from 17 to 25, and postintervention scores ranged from 20 to 25. Postintervention scores indicated mid to high levels of confidence. A paired samples t test confirmed significance of the improvement in confidence, $t(13) = -2.61$, $p < .05$.

Frequencies for pre- and postintervention variables are found in Table 1. Preceptors' responses about being *absolutely certain that they were evaluating their preceptees correctly* increased from 13.3% preintervention to 46.7% postintervention. Responses regarding preceptors' *evaluation of the preceptee with absolutely no hesitation* also increased from 26.7% preintervention to 60% postintervention. Furthermore, responses about being *absolutely sure of all of their evaluation of the preceptee* increased from 53.3% preintervention to 80% postintervention.

A chi-square test was conducted to examine differences between the preceptor's history of preceptor training versus postintervention, *I am certain my evaluation of my preceptee is correct*. Although this test was not statistically significant, $\chi^2(1) = 1.727$, $p > .05$, the results are clinically significant. Thirty-three percent of preceptors who had received previous preceptor training were absolutely certain that their evaluation was correct (n = 5) compared to only 13.3% (n = 2) who had no prior training as a preceptor. This result seems to support some value in preceptor preparation in helping preceptors assess and evaluate orientee progress during orientation.

Furthermore, chi-square tests were conducted to examine differences between pre- and postintervention, *I am certain my evaluation of my preceptee is correct*. Although there was not a statistically significant difference, $\chi^2(2) = 3.233$, $p > .05$, the results were again clinically significant. Of the seven preceptors who felt fairly certain that their evaluation was correct preintervention, 33.3% (n = 5) became certain and 13.3% (n = 2) became absolutely certain postintervention.

A one-way analysis of variance was conducted to examine for differences in age of preceptor, $F(1,13) = 3.997$, $p > .05$, years of experience, $F(1,13) = 1.812$, $p > .05$, and postintervention, *I am certain my evaluation of my preceptee is correct*. Although this test was not statistically significant, a clinical trend was present. The older preceptors (M = 40.43) and more experienced preceptors (M = 11.14) were more absolutely certain the evaluation of their preceptee was correct.

DISCUSSION

Illustrated by findings shown in Table 1, confidence of preceptor participants in this project improved after using a standardized tool within a systematic approach to evaluate NGNs during orientation. Furthermore, preceptors who participated in the project found the tool was clear, easy to follow, and appropriate for evaluating NGNs. Further research is needed on preceptor confidence, as it relates to new employee satisfaction, patient outcomes, and NGN retention.

LIMITATIONS

This project consisted of a small homogenous sample of nurse preceptors. Nineteen preceptors were recruited for this project. However, only 15 preceptors completed the project. To overcome the small sample size, the start date for the project could have occurred on July 1 instead of August 1. This earlier start date may have captured more participants due to most NGNs beginning employment

early in the summer after spring graduations. Also, to increase enrollment size, a short video on the organization's intranet site explaining the details of the project could have been displayed. Because the project was homogenous gender-wise (all female participants), findings did not reflect perceptions from the male preceptor. Another limitation was that the sample was compromised of only medical-surgical nurses. Data collection was limited to 12 weeks to align with the timeline established with the overseeing university's institutional review board. Because of this established timeline, clinical units with greater than 8 weeks of orientation were excluded from the project.

CONCLUSION

Research confirms that preceptors who support NGNs during the transition period into professional practice positively impact nurse turnover rates and patient safety (Clipper & Cherry, 2016). A standardized evaluation tool for NGNs may not only assist with preceptor confidence but can also set the tone for development of professional behaviors in the new nurse. NNCS is but one example of tools available for evaluation of NGNs. Since implementation of this pilot project, the healthcare organization has implemented a modified version of the Orientation Progress Grading Scale and a systemic approach evaluating all NGNs during orientation. Because of the organization's use of the modified Orientation Progress Grading Scale instead of the NNCS, this pilot project is only partially sustained. NPDs do provide preceptors with the guidance and structure needed to support the orientation of the NGNs as well as experienced new-to-specialty nurses. NPDs may also provide sustainability of the project by ensuring that documentation is completed throughout the entire orientation process by meeting with managers, preceptors, and preceptees on a biweekly basis and assisting with any dilemmas that may arise, such as errors or conflicts. Li and Jones (2013) reported that organizations' annual NGN turnover costs are approximately $856 million. With the right support and consistent approaches, confident preceptors not only can aid in the development of competent nurses but may also have a positive impact on nurse retention. NGNs are the future generation of healthcare practitioners who will influence patient and clinical outcomes. Therefore, well-prepared, confident preceptors are crucial because of the current and ongoing nursing shortage. As one leading voice in preceptor education states, "just as every patient deserves a good nurse, every nurse deserves a good preceptor" (Ulrich, 2011, p. 225).

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