Nursing preceptorship in primary health care in a frontier capital in the western Amazon

Preceptoria de enfermagem na atenção primária à saúde em uma capital de fronteira da Amazônia ocidental

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ABSTRACT
To analyze the conceptions of nurse preceptors about preceptorship, as well as the strengths and weaknesses of collaborative practices in Porto Velho, a frontier capital in the western Amazon. A qualitative, descriptive, and exploratory study was conducted with 39 nurse preceptors in primary health care (PHC) units in urban Porto Velho between 2019 and 2020. We identified three thematic categories: (i) plurality of roles played by nurse preceptors; (ii) collaborative practices—the barriers from the perspective of nurse preceptors; and (iii) deconstruction and reconstruction of know-how to qualify patient care. It is necessary to qualify PHC preceptors who accompany students and residents with the pedagogical components of evaluation and contents beyond their professional practice. Some nurse preceptors have already found strategies for developing interprofessional practices based on person-centered care and teamwork, revealing to students that collaborative practices are based on mutual respect and collective know-how.

Keywords: nursing education, primary health care, preceptorship, patient care team.

RESUMO
Analisar as concepções dos enfermeiros preceptores sobre a preceptoria, bem como as potencialidades e fragilidades das práticas colaborativas em Porto Velho, capital de fronteira da Amazônia Ocidental. Estudo qualitativo, descritivo e exploratório realizado com 39 enfermeiros preceptores em unidades de atenção primária à saúde (APS) da zona urbana de Porto Velho entre 2019 e 2020. Foram identificadas três categorias temáticas: (1) pluralidade de papéis desempenhados pelos enfermeiros preceptores; (2) práticas colaborativas – as barreiras na perspectiva dos enfermeiros preceptores; e (3) desconstrução e reconstrução do saber-fazer para melhorar o cuidado. É necessário qualificar os preceptores da APS que acompanham estudantes e residentes com os componentes pedagógicos de avaliação e conteúdos além de sua prática profissional. Alguns enfermeiros preceptores já encontraram estratégias para desenvolver práticas interprofissionais colaborativas baseadas no cuidado centrado na pessoa e no trabalho em equipe, revelando aos estudantes que as práticas colaborativas são baseadas no respeito mútuo e no saber fazer em conjunto.

Palavras-chave: educação em enfermagem, atenção primária à saúde, preceptoria, equipe de atendimento ao paciente.
1 INTRODUCTION

Primary health care (PHC) plays a major role in Brazil's publicly funded healthcare system, known as the Unified Health System. It is particularly important in implementing the system's principles and guidelines (SELLERA et al., 2020). The care model based on PHC attributes makes this first level the gateway to the system, capable of addressing health needs, as well as ensuring access to the population and the centrality of care.

PHC constitutes an important space for health training (especially for generalist nurses), meeting present and future needs for sustainable development. To achieve Goal 3 of the United Nations 2030 Agenda, nurse training must focus on the needs of the health system and communities (SILVA; GUTIÉRREZ, 2018). The training of nurses with a focus on PHC is associated with positive outcomes, such as better user satisfaction and reduced hospitalization rates (LUKEWICH et al., 2022). Therefore, PHC serves as an intersection between care and education. For teaching and learning to occur, a qualified health professional is needed—the preceptor (JASSIM; CARLSON; BENGTSSON, 2022).

Despite the importance of preceptorship, nurse preceptors face several challenges, such as stress caused by work overload (MIURA; DAUB; HENSLEY, 2020), a lack of pedagogical training and involvement in the planning of field activities (FERREIRA; DANTAS; VALENTE, 2018), limited knowledge of the course's pedagogical project (REGO-FILHO; SANTOS, 2018), and difficulties in teamwork and collaborative practices due to their biomedical training (BISPO; ROSSIT, 2021).

This study analyzes the perceptions of nurse preceptors on preceptorship, as well as the strengths and weaknesses in the context of collaborative practices in Porto Velho, a frontier municipality in the western Amazon. The relevance of this study is to understand the challenges and potentialities of nurse preceptors (especially in the Amazon) regarding the implementation of user-centered collaborative practices. Furthermore, it aims to verify the strategies used by these professionals for teaching and care development. Changes in the way nurse preceptors assist and teach are believed to contribute to a shift away from the traditional procedure-centered model and provide undergraduate and postgraduate students with innovative approaches to care and education.
2 METHODS

This study was part of a project focusing on undergraduate health courses (Nursing, Medicine, and Dentistry) in the state of Rondônia (northern Brazil). A previous study focused on 96 PHC preceptors of those professions in Porto Velho (MOREIRA et al., 2022). Here, we focus on PHC nurse preceptors who worked in undergraduate courses and multiprofessional residency in family health in urban Porto Velho (Rondônia state) between 2019 and 2020. This study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ).

At the time of the study, the municipality had 45 complete teams, each with at least one nurse. All nurse preceptors were personally invited to participate in the research by the researchers. All researchers were professors in the Nursing, Medicine, and Multiprofessional Residency in Family Health courses at the Federal University of Rondônia. All but one researcher were female. The researchers administered the questionnaire at the basic health unit under their responsibility, always informing the participants about the purpose of the research. Next, they handed the preceptor nurses an envelope containing the questionnaire and the informed consent form. After providing clarifications, the researchers informed the preceptors that they would return to the basic health units within 72 hours to collect the envelopes from the unit directors.

We included nurses working in full teams in the Family Health Strategy who served as preceptors for undergraduate and graduate students in the field of health. We excluded nurses who were not preceptors, as well as those who were on vacation or on leave during the study period. The final sample comprised 39 nurse preceptors. All participants signed the Free and Informed Consent Form and completed a questionnaire that included three questions: (i) What does being a preceptor mean to you? (ii) What are the weaknesses of collaborative work in the preceptorship process? (iii) What are the potentialities for collaborative work in the preceptorship process? Each question had a 15-line limit for responses.

Data were qualitatively analyzed following the six phases of thematic analysis (BRAUN; CLARKE, 2006) using MAXQDA 2022 software. In this initial coding phase, we identified passages, phrases, and words that were significantly and potentially relevant to the research theme. Not all the initial codes were considered, as the analysis unfolded into themes. We discarded themes without codes, split themes with excessive codes, and grouped similar themes. Each theme and sub-theme were expressed in relation to the research questions. Three themes and sub-themes emerged: (i) The plurality of roles played by nurse preceptors; (ii) Collaborative
practices—the barriers from the perspective of nurse preceptors; (iii) Deconstruction and reconstruction of know-how to qualify patient care.

2.1 CREDIBILITY AND RELIABILITY OF DATA ANALYSIS

To increase credibility and reliability, we conducted weekly meetings during the analysis to minimize the influence of researcher biases on the results. During these meetings, we discussed and clarified doubts, confusions, and insights about the study. All emerging themes were reviewed by everyone during each research meeting. We thoroughly discussed divergent opinions regarding the coding, search, definition, and nomenclature of the themes. Finally, a consensus was reached, resulting in the creation of the final thematic map (Figure 1).

![Figure 1 - Map of themes and subthemes](Source: Elaborated by the authors)

2.2 ETHICAL ASPECTS

This study is part of the project "Interprofessional education and collaborative practice among primary health care professionals in Rondônia", approved by the Research Ethics Committee of the Federal University of Rondônia (approval numbers 20677519.4.0000.5300 and
3.605.943). To maintain confidentiality, participant names were excluded from the transcripts, and interviews (I) were numbered chronologically.

3 RESULTS

Nurse preceptors (n = 39) had an average age of 36.15 ± 6.47 years. Most of them (87.2%) were female. Regarding education, 97.4% of nurse preceptors graduated more than five years ago, 61.5% graduated from private or philanthropic institutions, and 92.3% attended a specialization course. Regarding work experience, 41.0% of the preceptors had worked in PHC for 1–4 years, and 51.3% served as preceptors for the same duration. Finally, 66.7% had not received any preceptorship training, and 94.9% were unaware of the pedagogical project of the undergraduate course or residency training in which they were serving as preceptors.

3.1 THE PLURALITY OF ROLES PLAYED BY NURSE PRECEPTORS

In this theme and its corresponding subthemes, nurse preceptors highlighted the various functions they perform. One of these functions is to reconcile teaching and care, as evidenced by the following excerpt:

“At the same time that I have to support residents in conducting specific cases, I have to be a nurse on the service, manage my daily schedule, and at the same time teach...” (I-1).

Nurse preceptors also cited professional experience as a relevant aspect of preceptorship, as well as the importance of staying up-to-date and serving as exemplary professionals for the students, as shown in the following excerpt:

“The one who teaches [does so] because they are always up to date in their practice. We can only teach if we have a high level of education and professional experience. We must also be a mirror for the future colleague” (I-2).

Furthermore, nurse preceptors highlighted their role as a "bridge" between the academy and the basic health units, integrating teaching and service, as demonstrated in the following comment:

“[The preceptor is] the one who encourages integration between the team, the educational institution, and the community” (I-3).

The results also showed that nurse preceptors perceive teaching, mentoring, and facilitating student learning as their main responsibilities, as shown in the following excerpt:
“The one who educates [also] articulates theory/practice in the preceptorship activity, stimulates study and research, sparking interest in always going deeper into all cases. [This person] shows that the multiprofessional team exists and that everyone must care for the patient together” (I-4).

3.2 COLLABORATIVE PRACTICES: THE BARRIERS FROM THE PERSPECTIVE OF NURSE PRECEPTORS

Nurse preceptors mentioned obstacles that hinder the development of collaborative practices in preceptorship, specifically highlighting interprofessional collaboration as a challenge for health professionals and their work in PHC. One of these obstacles is the fragmented training of future professionals, in which the valorization of specific skills prevails both over the common skills established in the national curricular guidelines for health courses and over collaborative interprofessional skills:

“Inadequate training of students for Unified Health System and PHC. They only want to learn to perform appointments individually according to their courses... They perform the techniques very well, but other skills such as leadership, teamwork, and respect for other professionals need to be activated by us” (I-5).

Another factor that hinders preceptorship is the lack of pedagogical training for preceptors. Educational institutions and municipal management of the health care system offer little incentive and support for training individuals who simultaneously work in healthcare and fulfill teaching roles:

“We do not have constant preceptorship courses. The service and teaching management do not understand the role and importance of the preceptor” (I-6).

Nurse preceptors also identified the lack of horizontal relationships as a challenge in fostering interprofessional collaborative practices. They emphasized that the expertise of each professional and user should be considered, as evidenced in the following excerpt:

“We do not know how to horizontalize relationships within the team and with users and families. Everything is verticalized. One-way” (I-7).
3.3 DECONSTRUCTION AND RECONSTRUCTION OF KNOW-HOW TO QUALIFY PATIENT CARE

Some nurse preceptors are already able to find strategies for developing collaborative team practices based on person-centered care. These preceptors conveyed to their preceptees that collaborative practices are based on teamwork, mutual respect, shared expertise, and person-centered care, as exemplified in the following statement:

“Teamwork. Learning together and discussing together what is best for the patient, with the patient being the protagonist of this process. Knowing how to respect their opinions and those of their families and discussing together the best therapeutic approaches. It is very cool. Deconstructing to reconstruct the students' knowledge, as they come with a fragmented look” (I-8).

We also identified other approaches to implementing interprofessional collaboration, such as interconsultations in PHC aimed at providing comprehensive care:

“We do interconsultations... we work with the expanded clinic to achieve comprehensive care. Actions are agreed between professionals and users” (I-9).

4 DISCUSSION

We found nurse preceptors working in both PHC and preceptorship for less than five years. This reveals that almost one-third of nurse preceptors lack both formal training in preceptorship and professional qualifications in the field of teaching. Educational institutions do not adequately prepare nurse preceptors, particularly in the pedagogical aspect (MARTINS; SCARCELLA, 2020). Moreover, nurse preceptors are unaware of the political pedagogical project of the course. The lack of preceptorship courses offered by higher education institutions is reinforced in the preceptors' reports. It is worth noting that only 5% of preceptor nurses were aware of the pedagogical project of the course they were preceptoring, which is consistent with previous findings (REGO-FILHO; SANTOS, 2018).

4.1 THE PLURALITY OF ROLES PLAYED BY NURSE PRECEPTORS

Balancing between teaching and caring poses a challenge for nurse preceptors. Clinical teaching in PHC plays an essential role in the education of undergraduate nursing students, facilitating the transfer and updating of theoretical knowledge into practice. As preceptors are
professionals within basic health units, they feel that their role in the service is not clearly defined, leading to work overload, fatigue, and demotivation. Nevertheless, they understand that preceptorship contributes to the training of students and healthcare professionals (FREITAS et al., 2021).

Nurse preceptors complained that few nursing professors know, engage, and support them at the practice sites. The lack of support from nursing professors negatively affects the role of preceptors.

We emphasize the fundamental importance of integrating professors and preceptors, as their activities should converge toward the shared goal of promoting student learning. This integration is a structuring axis of the pedagogical process in service, which benefits students and users, as the students help strengthen the community's connection with healthcare teams and the activities conducted at basic health units (MENDES et al., 2020).

Nurse preceptors also expressed the importance of staying up-to-date in their profession to be able to teach students. However, they acknowledge that this alone is insufficient. As most preceptors are trained in the traditional model, they employ the same teaching methods with their preceptees, expecting the students to assimilate the information without questioning it (RIBEIRO et al., 2020). Constructivist pedagogical approaches are fundamental to better support students in applying theory to practice.

Nurses' clinical experience is essential for delivering quality care to users. However, not all experienced nurses have the interests, attributes, and qualifications required to become nurse preceptors. Being an effective preceptor requires solid professional experience and mastery of pedagogical knowledge (COTTER; ECKARDT; MOYLAN, 2018). Preceptorship is a process of teaching adults that requires the understanding and application of Andragogy principles (MUKHALALATI; TAYLOR, 2019). Moreover, the student's prior knowledge, cultural background, and life experiences must be considered during training to develop their autonomy and critical thinking skills.

In addition to possessing specific personal and professional traits, such as communication skills and clinical competence, nurse preceptors must be motivated to learn and share their clinical experiences. They must also have teaching and leadership skills, as well as the ability to objectively evaluate student performance (COTTER; ECKARDT; MOYLAN, 2018).
Thus, preceptors must act as facilitators of student learning by organizing the work process. Moreover, preceptors are expected to solve daily problems and meet the needs of the Unified Health System and the population in the context of health promotion, disease prevention, recovery, and rehabilitation (LIMA et al., 2020).

PHC is a rich field for significant learning for professionals in both initial and postgraduate training. It requires improving skills and using relational technology with users and the team. Therefore, preceptorship plays a central role in training nursing students (VAE et al., 2018).

4.2 COLLABORATIVE PRACTICES: THE BARRIERS FROM THE PERSPECTIVE OF NURSE PRECEPTORS

One of the barriers emphasized by nurse preceptors is that students are inadequately prepared to work in the Unified Health System and PHC. Nurse preceptors highlighted that students arrive at the basic health unit with a biomedical education based on modern scientific medicine, which primarily focuses on diseases, techniques, and procedures. This healthcare training reinforces the fragmentation of care, which still prevails, and substantially contributes to the provision of low-quality care, negative health outcomes, and high costs. Consequently, there are limited or no opportunities for shared learning, which poses a recognized threat to patient safety and quality of care, resulting in separate and isolated practices (FRANDSEN et al., 2015).

Another barrier often emphasized by preceptor nurses is the need for continuous and ongoing pedagogical training as part of their daily activities (QUEK; SHOREY, 2018), including the pedagogical and interprofessional components. Education institutions have a major role in developing and maintaining preceptorship programs, as well as providing support to preceptors (WARD; MCCOMB, 2017). Negotiations between universities are essential (as this is one of their responsibilities before the Health Departments) to qualify preceptor nurses and improve their function.

Nurse preceptors also expressed concerns about the vertical relationships that hinder interprofessional collaboration. The professional hierarchy contributes to inadequate attention to users’ health care, resulting in a decline in the quality of services (MONCATAR et al., 2021).
Trust is a crucial requirement to establish more equitable relationships between team members, health professionals, and users. Moreover, the quality of communication between health professionals and users involves assessing the team’s willingness to include users in the decision-making process, providing information to users and their families, understanding their beliefs (MOREIRA et al., 2022), and making them protagonists in the care process.

4.3 DECONSTRUCTION AND RECONSTRUCTION OF KNOW-HOW TO QUALIFY PATIENT CARE

Despite the challenges in preceptorship, nurses remain optimistic and seek teaching strategies and other paradigms to transform traditional procedure-centered practices. They recognize preceptorship as a valuable resource in redefining professional education, placing users at the center of interprofessional practice by promoting safe, effective, and high-quality care (LIMA-NETO et al., 2020).

Interprofessional collaboration brings benefits, such as reducing care fragmentation and increasing user and professional satisfaction. Sustaining this level of interprofessional teamwork requires team members to support one another and continually foster collaborative interactions. This entails maintaining positive and responsive attitudes while avoiding stereotyping professions. Feelings of trust and security develop when relationships between team members are prioritized, thus increasing opportunities for collaborative dialogue and decision-making. Moreover, it is essential to identify ineffective communication and behaviors that cause conflicts within the team (FLOOD et al., 2022).

Nurse preceptors emphasize that to deliver comprehensive care, the team must possess relational technologies, as well as show respect for one another, engage in open and horizontal dialogue, and embrace interprofessional co-responsibility and collaboration, all while prioritizing person-centered care. Thus, they adopt the expanded clinic approach to provide care (QUEIROZ et al., 2021), which facilitates interprofessional work and collaborative practices.

5 LIMITATIONS AND STRENGTHS

This study was conducted with nurse preceptors of PHC in Porto Velho (state of Rondônia, Brazil) and used convenience sampling. Therefore, caution should be exercised when interpreting these results regarding nurse preceptors from other PHC settings, as local
particularities and sample characteristics may limit the generalization of our findings to other regions or contexts. In a way, the arguments we present expose the weaknesses and challenges in implementing nurse preceptorship and collaborative practices in PHC in the municipality. A positive aspect worth highlighting is that, to the best of our knowledge, this study is the first to explore the perspectives of nurse preceptors in PHC in northern Brazil. Despite its limitations, our findings offer valuable insights into the experiences of nurse preceptors in PHC. Our study provides a foundation for other researchers with similar interests to make new discoveries.

6 CONCLUSION

The nurse preceptors in this study showed a positive perception of teamwork, collaboration, and person-centered care. However, we identified the need to structure a clear team identity to enhance the effectiveness of collaborative practices. We also highlight the need to provide PHC preceptors with qualifications beyond their professional practice, including pedagogical and evaluative components, to effectively mentor students and residents. This should be a social commitment of higher education institutions with health departments. To ensure the successful development of collaborative practices, it is also necessary to establish clear roles, delineate and respect autonomy and professions, foster assertive communication, and adopt a person-centered care approach. Although this study focused on PHC nurse preceptors, it is also important to involve a broader range of professionals and students to gain a comprehensive understanding and provide interprofessional responses to the complex and evolving needs of users, their families, and the community. Therefore, robust research, preceptorship-based evaluations, interprofessional education, and collaborative practices should be conducted and shared in Rondônia and the western Amazon.

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